

# PHILADELPHIA MEDICAL TIMES.

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## ORIGINAL LECTURES.

### BASEDOW'S DISEASE.

*Delivered in the Medico-Chirurgical College*

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GENTLEMEN,—I will have the rare opportunity to-day to show you, on three cases, the beginning, the full development, and a serious sequela of a disease which seems to be growing more frequent in our country,—viz., exophthalmic goitre, also called Graves's or Basedow's disease.

#### THE FIRST STAGE.

You see here a young girl, Clara F., 15 years of age. She was born in Philadelphia,—a fact I specially mention because there are certain localities—as, for instance, the Austrian province of Styria—where goitre is endemic and affects the majority of the population, while such in this city is not the case. Our patient, apparently the type of health, complains of beating of the heart, and informs us that for the last six weeks she has noticed at her throat a swelling which seems to be steadily growing. Looking at her face, with its florid complexion, it strikes one as if she had very large or rather prominent eyes, and you hear the patient say that she herself has noticed of late “the growing of her eyes.” She is not so far wrong in her remark, because, though her eyes have not really grown, the fat-pillow on which they rest has increased in thickness and pushed the eyeballs forward, thus producing—in this case, so far, in only a very mild degree,—one of the characteristic signs of her malady. You further observe, at the root of the neck, this tumor, which seems to consist of two lobes, of which the left is the larger. The swelling is soft to the touch, but somewhat elastic, and the skin covering it is not discolored. We have here plainly an enlargement of the thyroid gland, especially of its left lobe. The appearance of the goitre, or bronchocele, as this swelling technically is called, forms the second diagnostic sign of Graves's disease. Examining now the patient's heart, I find, on percussion, the area of dulness over the region of the organ to be normal, but on palpation an almost heaving im-

pulse; and on auscultation I hear the sounds of the heart, especially the first, much stronger and louder than they should be, and, besides, the action of the heart is decidedly irregular. This excitement is not confined to the heart alone, but affects the whole circulation, as you can judge from the pulsation of the carotids and the frequent, irregular pulse at the wrist. This condition of the heart and circulation is the third characteristic symptom of exophthalmic goitre; and you hear the patient telling me that she suffered frequently from the beating of the heart long before she noticed the swelling at her throat and the prominence of the eyeballs. The cause of this disease, gentlemen, is believed to be an affection of the vaso-motor nervous system, and the inferior cervical ganglion has been found in a morbid condition in persons who died while suffering from this complaint. We have, therefore, first the excited and irregular action of the heart and the pulsation of the carotids, then the enlargement of the thyroid gland, and, nearly synchronously with the latter, but more slowly developing, the prominence of the eyeballs,—they altogether forming the picture of the disease. In consequence of the disturbed circulation, the malady is frequently accompanied by still other symptoms, as headache, vertigo, and dysmenorrhœa or amenorrhœa, and often by symptoms of pressure, induced by the great size of the goitre; but all these we will better study on our next case.

#### THE FULL DEVELOPMENT.

Gentlemen, ere I bring the next patient, a lady, before you, I will tell you that she is at present *enceinte*, expecting to be delivered within about four months. As it would not do in her presence, I communicate this fact now to you, because you have to be aware of her condition, as it greatly influences her malady. [The patient was brought before the class by the chief of the clinic.] You observe, gentlemen, how greatly this lady is suffering from dyspnœa. We will let her sit down, as she feels more comfortable in that position; and, as she speaks and understands but very little English, I shall translate to you what she says. Her name is Mrs. Mary S—. She is 37 years old, and was born in Styria, that Austrian province where goitre is endemic. The patient is

married and has two children. She tells me that she has had a swelling at her throat, as far as she can remember, all her lifetime, but that she has suffered from palpitation only since her marriage, four years ago, at which time she also first noticed the prominence of her eyeballs, which, as you will observe, has gradually reached a very high degree. We judge from her history that she first suffered only from goitre, and that many years later Graves's disease developed itself. Her symptoms always increased greatly in severity when she was *enceinte*, and at her last confinement the physician bled her at the arm, as she was threatened with suffocation. You will note how dark and congested her face is, and how strongly the carotids are pulsating. Inspecting the swelling at her throat, you observe the congested appearance of the skin in front of the neck, the enlarged veins crossing the swelling, and the far greater size of the latter compared with that seen in the former case. By actual measurement across, I find the circumference of the tumor to be thirteen and a half inches, and, placing my finger on the swelling, I feel a peculiar pulsation and thrill,—signs which are characteristic of a fully-developed case. The tumor covers the larynx and expands about evenly on both sides. You see from the congested appearance of veins and skin that by its pressure the goitre interferes with the reflow of the venous blood from the head; and the great dyspnoea is in this case evidently due to pressure on the trachea and larynx, as the respiration is accompanied by the peculiar noise heard in such cases. The slight hoarseness of her voice I attribute to congestion of the vocal cords. Examining her lungs, we find them normal, except that fine and some larger, sonorous râles scattered all over the lungs indicate a slight congestion of the latter and some catarrh of the bronchial tubes; but her heart is hypertrophied, the impulse is heaving and can be felt over several inter-spaces, while the sounds are increased in intensity. The action of the heart is so turbulent and irregular that, if I could not judge it from the character of the sound, I would be unable to determine which is the first and which the second sound of the heart. There seems to be a murmur, not confined to any special valve, but heard evenly over the body of the heart, though more on the left side. I think the murmur is due to the excited

action of the organ, but at present I cannot decide, as the noise the patient makes while breathing interferes with my hearing, and she is not able to stop her respiration for even a few seconds. You see here Graves's disease in its aggravated form, in its fullest development; and I can well imagine that venesection may become necessary if this condition continues up to her delivery. Besides the severe palpitation, the great dyspnoea, and the swelling, the patient complains of continuous headache, of vertigo whenever she stoops down, and of nearly constant buzzing in her ears,—all symptoms due to the disturbed reflow of the venous blood from the head and the hypertrophy of the heart. [The patient was sent back into the waiting-room.]

Gentlemen, I wish you to impress the case I have just shown to you on your memory, because in this hypertrophy lies the greatest danger as regards final recovery. This hypertrophy—which, if not carefully guarded against, will gradually develop also in our first case from the over-action of the heart—should have been prevented, because it will finally end in dilatation if it cannot be removed by treatment. You must not always blame the physician attending the case for the existing hypertrophy, because most patients, if feeling only a little better, and especially after the disappearance of the prominence of the eyeballs and diminution in the size of the goitre, will stop the treatment of their own accord; and in this way the over-action slowly but surely produces the inevitable result, as seen in the last case,—thickening of the muscle, hypertrophy of the heart. It would have been far easier to prevent the latter than it is now to remedy it. Of the treatment we will speak after I have shown to you this, our last case for to-day.

#### THE SEQUELA OF THE CURED (?) DISEASE.

This lady, Miss Flora Mc—, tells us that her age is about 40. We will inquire first into the history of the case. The patient does not remember to have had any disease till her sixteenth year, when she emigrated from Ireland to the United States. Since then she has been living in Philadelphia. A year or so after her arrival here, she became very nervous, had severe beating of the heart, and a tumor made its appearance at the root of the neck. Later her eyes "commenced to

grow, till they were very prominent." This affection she had for many years. Occasionally it would nearly disappear while under a physician's treatment, but after a shorter or a longer interval the symptoms would again return. Whenever she was suffering especially severely from the malady, the monthly period would become irregular and painful, while there would be no dysmenorrhœa when the symptoms first mentioned were kept in abeyance. The patient believes that if she had possessed sufficient means and perseverance to continue the treatment of each physician she went to a sufficient length of time, she would have been cured long ago; but the disease always broke out again, till five years ago she came to New York, where she was cured by the aid of electricity. Since then she has been free of the disease, and you see, gentlemen, that her eyes are not prominent, her carotids do not pulsate, and the tumor has shrunk to the size of a walnut. It feels hard to the touch, and seems to have undergone calcareous degeneration. But, if she is cured of the malady, you will naturally ask, what else brought the patient here? We will let her continue the history of her case. She says that she felt totally well till about a little over a year ago, when she observed that she got short-breathed on the slightest exertion, that she often felt as if she was going to faint,—and did in reality faint of late a number of times,—and that her limbs were swollen. These symptoms appeared in the order named. She further admits that since her cure she never had been totally free from palpitation, but is positive that she did not suffer from it for the last two years. I had her urine examined; it contains a very small amount of albumen, but no tube-casts. The swelling extends to nearly the knee on both limbs, and you see here, just above the ankle, that the skin pits on pressure. Her eyelids also are somewhat puffy. Now, this œdema of the limbs may be due to one of four causes (excepting such rare cases as plugging of a main vein in both legs, etc.),—either to a very anæmic condition of the blood or to an organic affection of either the kidney, the liver, or the heart. The urine has shown us that the kidneys are not diseased, especially as the history as well as the absence of other symptoms gives no evidence of a contracted kidney. Besides, there are always tube-casts and a large

amount of albumen in the urine in cases of granular kidneys, when dropsy is present: although if the latter be not there, we may find at times no tube-casts and even no albumen in the urine of this form of morbus Brightii. The patient is, further, not sufficiently anæmic to account for the œdema; and when I examined her before in a private room, I detected no ascites, and only a moderate enlargement, but no cirrhosis, of the liver. From all this you will infer that an affection of the heart is left as the only cause to account for the dropsy and the other symptoms. Percussing the region over the heart, I find the area of dulness decidedly increased; especially on the right side the impulse is so very weak that palpation does not detect it, and on auscultation I hear the sounds of the heart, especially the first, very faintly only. The lungs are in a state of passive congestion: you can observe that she breathes with difficulty, and the bluish appearance of the lips gives evidence of the want of sufficient aëration of the blood. We have, therefore, here a typical case of dilated heart, which explains the dropsy, the dyspnoea, the congestion, and the fainting-spells. And how has this state of the main organ of circulation been brought about? The patient has been suffering during many years, more or less continuously, from an overacting, functionally disturbed heart. This increased action produced gradually hypertrophy, and the latter has ended, as it usually does, in dilatation of the organ. Had more attention been paid to the heart than to the bronchocele and the prominent eyeballs, this dangerous condition in which the patient is now might perhaps have been prevented. This case shows you the most serious sequela of Graves's disease,—a sequela which, when attending this malady, you never must lose sight of, you always must guard against. You may say that the treatment and cure of the whole ailment necessarily includes that of the heart-complication; but I mean that while trying to cure a patient of exophthalmic goitre, you should reduce from the very beginning the action of the heart, and not wait for the effect of your radical treatment. We will now send this lady into the waiting-room and speak about

THE TREATMENT AND THE PROGNOSIS OF  
THE DISEASE.

As I have mentioned already, the cause has to be looked for in the vaso-motor ner-

vous system. The treatment may be divided into three parts,—first, to quiet the excitement of the heart, till the success of the main treatment makes this unnecessary; secondly, to cure the vaso-motor affection, the radical treatment therefor; and, thirdly, to remove any sequelæ, as some enlargement of the thyroid gland, etc.

In the beginning of the disease and when it is fully developed, abstraction of blood either from the arm by venesection, if severe dyspnoea exists, or locally from the enlarged gland by leeches, will nearly always do good. In cases of dysmenorrhœa with diminished discharge, or of amenorrhœa, blood should be locally taken away by leeches from the womb or by wet cups or leeches applied to the inner side of the thighs, and, besides, all means should be employed—as hot sitz-baths, etc.—to re-establish the normal flow. The tincture of the root of aconite is given internally till the turbulent action of the heart is quieted and the impulse has been decidedly weakened. If, then, the main treatment should not have succeeded as yet in producing a regular action of the heart, digitalis with quinia and belladonna, perhaps in pill-form, as follows:

℞ Quiniæ sulphat., gr. ij;  
Extr. digital. fld., ℥ss;  
Extr. belladonn., gr.  $\frac{1}{2}$ ;  
Gum. acac.,  
Glycerin., aa q. s. ut f. pilulæ.

S.—1 ter die should be administered till the action of the heart has become regular.

Whenever the impulse again becomes heaving, recourse must be had to aconite. Herewith we fulfil the first indication—the quieting of the heart—in the beginning and at the full development of the disease. But sometimes we meet with cases where the blood of the individual affected by the disease has been before already in an anæmic condition. In such cases the treatment, in the very beginning, has to be different. Here no abstraction of blood will do good, and aconite only harm. Whenever the latter does not reduce the action of the heart alone, and the rapidity of the pulse, but produces even a greater frequency of the latter, without influencing the irregularity of the heart's action, then aconite is not indicated, but digitalis, iron, quinine, and belladonna are the remedies on which we have to rely. If we have to do with subsequent dilatation of the heart, as in the third case brought

before you to-day, digitalis, iron, and strychnia, besides rest in the recumbent position and a good nourishing diet, are our only means. The utmost attention should be paid to keeping the secretions open, diuretics administered to stimulate the function of the kidneys in cases of dropsy, and dry cups applied, and, besides, carbonate of ammonium given, if the lungs are in a state of passive congestion. But the prognosis is bad if dilatation of the heart has once fully developed. In such a case, death is only a question of time.

As regards the main or radical treatment by which we try to re-establish a normal condition of the vaso-motor nervous system, electricity is our only remedy, and the galvanic current the best form in which to use it. The positive electrode is applied just below the angle of the lower jaw, and the cathode over the seventh cervical vertebra. The current must be strong enough to produce, when interrupted, a moderate feeling of vertigo; or the cathode is placed directly over the swelling, and the anode as before. These applications should be made daily, and each *séance* last from ten to fifteen minutes. This treatment was recommended first by Meyer. Almost every electrician prefers some change of his own, but the principle of the application is almost invariably the same. One applies the cathode over the solar plexus, another moves the poles about, and still another uses general faradization. The latter I have found utterly useless. Meyer's method will reduce the frequency of the pulse, lower the temperature (which is here, as in all cases of excited circulation, somewhat increased), improve the heart's action, and diminish considerably the size of the thyroid gland; but I have seen no case of perfect recovery by it, even if iodide of potassium and the remedies I recommended before for the heart were administered at the same time. The only plan of treatment which has proven successful with me is the following. Place the anode in the auriculo-maxillary fossa, and then introduce into the tumor a strong needle, connected with the negative pole of a constant battery. This application—continued each time for about ten to twenty minutes—is repeated every second day, and, after undoubted improvement has set in, about twice a week. Besides, six minims of Squibb's prepared fluid extract of



ergot are injected twice a week into the swelling, and, at the same time, the treatment first mentioned is not neglected. You abstract, therefore, blood under the conditions indicated, administer, as I explained, the remedies to act on the heart, and, lastly, I recommend you to give internally iodide of potassium, beginning with five-grain doses and gradually increasing them to about half a drachm *ter die*. I have seen in a number of cases a cure result in from seven to twelve weeks, and have never known the treatment to fail utterly if persevered in by physician and patient. Frequently, after the re-establishment of a natural flow of the menses and of a regular and unexcited circulation, and after disappearance of the prominence of the eyeballs, a little swelling of the thyroid gland will remain. The long-continued use of iodide of potassium internally (interrupted, perhaps, every six weeks for one week) and the daily painting of the residual swelling with the tincture of iodine will, if persevered in, remove the last traces of the former tumor.

In conclusion, gentlemen, let me remind you once more of the advice I gave you,—whatever treatment you adopt, always to bear the fact in mind that the worst sequela of exophthalmic goitre is a dilated heart, and, while it may be years in developing, try to guard with your treatment against that before all, from the very beginning and at every stage of the disease.

## ORIGINAL COMMUNICATIONS.

### THE TREATMENT OF VARICOCELE BY EXCISION OF REDUNDANT SCROTUM.

*Read before the Philadelphia County Medical Society,  
September 21, 1881.*

BY R. J. LEVIS, M.D.,

Surgeon to the Pennsylvania Hospital and to the Jefferson College Hospital, Philadelphia.

**A**LTHOUGH varicocele is one of the most common surgical affections, the sufferer is generally dismissed by the surgeon with the statement that the disease is incurable, and with only the palliative treatment of a suspensory bandage, to be worn continuously. This course is due to a conviction of the correctness of one or of all of the three following objections to the operation by ligature:

First. The usual procedure of ligating the spermatic veins for the cure of varicocele is dangerous to life.

Second. A want of confidence in its permanent benefits.

Third. The liability to loss of the function of the testicle on the side operated upon.

Whilst admitting that each of these disastrous results may occasionally follow the operation by ligature of the spermatic and pampiniform veins, I do not think that the risk is great enough to warrant general avoidance of the procedure, but have been for many years in the habit of performing it in cases which I have considered of sufficient severity or gravity to justify the slight risk. Yet I have generally, in the ordinary cases of varicocele, as they present themselves, been rather inclined to simply recommend the palliative recourse to a suspensory bandage.

It is now with much satisfaction that I adopt by preference a method of operating which seems to be entirely efficient, and which appears to be free from all the risks and other objections referred to.

As a result of varicose enlargement of the spermatic veins, the dartos muscle becomes, by continued over-extension, relaxed, and fails to give support to the testicle. Observation shows that, in cases of large dilatation of long continuance, the integument of the scrotal sac becomes much attenuated and pendulous. Occasionally, from want of tonic of the scrotal integument, the veins in and underlying the skin become much enlarged. A preternatural redundancy of the scrotum is mentioned by Dr. Agnew in his *System of Surgery* as a condition inclining to produce varicocele.

The relaxed, pendulous, and attenuated state of the scrotum associated with varicocele must have very long ago attracted the attention of surgeons and suggested a remedy by retrenchment of redundancy.

Sir Astley Cooper appears to have been the first to generally adopt the procedure, and his example was followed by a number of other surgeons.

The reports of the success of the operation appear to have been always satisfactory as regards its immediate and ultimate results; yet the practice seems to have been long discontinued, and most of the modern treatises on surgery either ignore it or give it merely the briefest mention.

I am inclined to believe that the theory and practical results of the operation have never been in question, and that all that was wanted were proper methods and means for executing it. Many years ago, in a case of varicocele with marked redundancy and relaxation of the scrotum, I operated by excising a portion of the integument, having first simply tied a cord tightly around as much of the scrotum as I deemed proper to remove. I then cut off the portion, leaving a stump for the application of sutures, which were introduced in radiating lines across the cut surface, thus uniting all concentrically into a small point of union. The encircling ligature was then untied, leaving the apposition to be maintained by the sutures. The healing was rapid and the effect in every way satisfactory, and the patient remained cured while for a long time under my observation. I have never repeated this crude but seemingly satisfactory procedure, but, in cases where the severity of the symptoms of pain and mental distress demanded it, have until recently continued to operate always by subcutaneous ligature. I have had no unfortunate personal experience of real disasters in my own cases, but have been much impressed by the unfavorable and even fatal instances which have been reported by other surgeons.

Quite recently my interest in the operation of excising redundant scrotum for the cure of varicocele has been renewed by a convenient appliance devised by Dr. M. H. Henry, of New York, which gives perfect facility, precision, and efficiency to the procedure. The instrument devised by Dr. Henry is a clamp, the grasping portion of the blades of which is about ten inches long. It is curved in accordance with the raphé on the median line of the scrotum. The surfaces of contact of the blades are serrated, so as to securely hold the integument. The handle of the clamp is a spring which closes the blades, and additional clamping power is obtained by a screw adjusted at each end. There is also a detachable guide, which may be used at the option of the operator to direct and make uniform his line of excision. For removal of the redundant integument strong scissors or a knife may be used.

The amount of integument to be removed can be best determined by temporarily adjusting the clamp whilst the patient is in the standing position; and it

may be conveniently outlined on the moistened skin with the ordinary aniline pencil. As to the extent of the excision, each case must have its own requirements, but it should be sufficient to secure the testicle for a time at a higher position than that of the sound side, and the error most likely to occur is in not removing enough.

It is hardly possible, with ordinary care, to include any but integumental structures in the clamp, but a simple test which I have applied will render the excision absolutely safe in this respect. If the scrotal integument is held between the operator and the light of a window, it will show uniform translucency up to the border of the tunica vaginalis, and the extent to which excision may be practised is thus clearly indicated.

The excision should embrace a portion of the anterior and inferior part of the scrotum, fixing the clamp at the raphé or median line, and drawing the integument into its grasp entirely from the affected side. The effect of making the excision at the raphé is to locate in the median line the very small linear cicatrix that remains, so that eventually all disfigurement is avoided. If made, however, in any portion of the scrotum, the rugous folds of the skin conceal it so as to be not readily observable.

The incision should always reach to the most dependent part of the scrotum, so that, if inflammation with suppuration should unfortunately follow, drainage would readily take place. In my own experience, thus far, and also in that of Dr. Henry, no such necessity has practically occurred.

Metallic ligatures, to hold the edges of the wound in close and accurate apposition, may be placed in position before the excision is made, but it is as well to insert them after the section is completed and the guide removed; but they must always be introduced while the clamp remains in position. Interrupted sutures are inserted very near together, and, with a view to close apposition and to insure against hemorrhage, they should be not more than a quarter of an inch apart.

I have not seen hemorrhage follow the operation in any case. In one case there was considerable effusion of blood into the connective tissue of the scrotum, and the healing was thereby rendered more protracted.

My plan of dressing the wound is simply to cover the scrotum with a piece of lint saturated with carbolized oil or cerate of a five-per-centum strength. This is held in position by the ordinary pelvic and perineal bandage, the bandage being somewhat tightly applied to prevent hemorrhage, and to avoid oedematous swelling of the loose connective tissue of the scrotum. In the daily after-dressings the carbolized oil or cerate is continued, and is held in place most conveniently by an ordinary scrotal suspensory bag.

### A CASE OF FIBROID TUMOR OF THE UTERUS.

BY WALTER C. STILLWELL, PH.G., M.D.

**D**URING the month of July, 1880, I was called one evening to see Mrs. K., whom I found in a very prostrated condition, pulse very weak, face pale, the surface of the body cold and moist, and suffering with excessive hemorrhage from the uterus, so much so that the bed was entirely saturated with blood; she was unable to void her urine. On questioning her, I obtained the following history of the case.

As far back as 1876 she had noticed that at her menstrual periods she had excessive flooding, but not accompanied with any pain. Two years afterwards (1878) she began to have great pain of a sharp lancinating character, lasting a week, at her menstrual flow. At about this time she consulted a physician, who discovered a tumor situated in the hypogastric region, extending into the inguinal on the left side. Up to this time she had never noticed any unusual swelling in the abdomen, as she was quite stout. She was treated by the physician, with some improvement in her symptoms. From the date of the discovery of the tumor until the time I was first called in—which was fifteen months ago—there was no appreciable enlargement of the tumor. She never had any interference with the passage of urine. She had been married five years, and had never been pregnant.

On making a vaginal examination, I found a large fibrous mass protruding from the os externum about three and a half inches; the os was dilated to the diameter of three inches, and firmly grasped the mass as a tight band. It was impossible to insert the finger or any instrument beyond that point, but still there was sufficient space around the tumor between it and the edge of the os to allow the blood to flow, which it did in large quantities. The tumor had descended farther into the pelvis from the position it had occupied in the abdo-

men, as described by the patient. Her condition was such that any extended examination at the time would have been injudicious. Means were at once taken to relieve her most urgent symptoms. She had not passed any urine for several hours, and on introducing a catheter it was with much difficulty passed into the bladder, the instrument taking an upward and very oblique course; and the tumor could be felt pressing the catheter against the symphysis pubis, and requiring it to be inserted fully four inches before the bladder was tapped.

For the pain one-eighth of a grain of morph. sulph. was administered hypodermically, and repeated in half an hour, with marked relief. One fluidrachm of the extr. ergotæ fld. was ordered to be given every two hours in connection with alcoholic stimulants and concentrated liquid nourishment. Under this treatment the hemorrhage lessened very materially in the course of three or four hours, and finally ceased. After the ergot had been kept up in the dose and frequency as stated, for twenty-four hours, the stomach became irritable, and it was then given four times daily, but in the same dose. Under its use great expulsive efforts of the uterus caused the fibrous mass to be extruded about an inch farther, and so strangulated it that after two or three days it began to break down and slough off and came away in small fragments, and the putrid discharge which then occurred was counteracted by disinfecting injections, such as carbolic acid and permanganate of potassium.

During all this time the bladder had to be catheterized regularly. The woman made a slow recovery, gaining strength only after chalybeate tonics and the most nutritious diet were given. The patient was under treatment about a month, when she concluded to stop taking any more medicine.

July, 1881.—A year has passed away since the treatment, and she has had very little trouble, only experiencing slight pain and little hemorrhage at her periods, and only once has it been necessary to use the catheter. She submitted to a vaginal examination a day or so ago, and the condition of the parts was about as follows. An ovoid mass was revealed protruding into the vagina, and by sweeping the finger around I found it to be free from attachment two-thirds of its circumference; the remaining third seemed to coalesce with the walls of the uterus as far up as the finger could reach. The os was almost obliterated, and it was impossible to recognize where the vagina ended and the uterus began, except where the attachment of the tumor joined the wall of the uterus, where could be felt what appeared to be a portion of the os externum. As the introduction of any instrument alongside of the mass to find out the distance from the commencement of the vaginal to the end of the uterine portion would

in all probability have provoked a severe hemorrhage, I deemed it best to desist, as no practical advantage would have accrued. On palpating the abdomen, I found the fibroid extended to the upper margin of the left inguinal region; and by pressing one hand over it there and a finger of the other against the vaginal portion, it could be moved about and lifted a little, showing that the uterus was free from any attachments to the adjacent parts. Palpation also gave an idea of the size, which I should judge was about eight inches long and three to four in diameter. The general condition of the patient at this time is fair: she has good appetite, her strength has improved very much, and she is able to attend to her domestic duties. She has not menstruated nor had any hemorrhage for over three months; and as she is approaching the time of life when the menstrual function ceases, her prospect is good, as atrophy, fatty or calcareous degeneration of the mass are liable to occur. No operation of any kind for its removal at this time would be justifiable.

#### INHERITED IDIOSYNCRASY TOWARDS BELLADONNA.

BY PEDRO A. BETANCOURT, M.D.

HAVING been called to assist a boy presenting all the symptoms of an acute bronchitis, with the superaddition of a very continued *nervous cough*, I added to the general treatment of the bronchitis the following prescription:

R Extr. belladonn.,

Extr. hyoscy., aa 10 centigr.;

Syrup. toltan., 150 gram. M.

S.—A teaspoonful every hour until the cough abates.

After a few doses the cough was relieved.

A little child, 3 months old, was then taken with the same symptoms, and the mother thought convenient to use in the case the same prescriptions, moderating greatly the doses; so she administered to the child five drops of the belladonna prescription, and was surprised at the effect produced as soon as the medicine was taken. The child commenced to present all the typical symptoms of belladonna-poisoning. She sent for doctors, and two practitioners reached the place in time to combat the poison and to relieve the child. When I came the mother was tranquil, and told me that once, suffering from supraorbital neuralgia, she had used the belladonna ointment in very small quantity, and had passed through all the symptoms of poisoning from the drug. In this

case inheritance of the idiosyncrasy is very probable, and shows that we should investigate such conditions in families before administering such drugs to children.

CIDON, CUBA.

#### NOTES OF HOSPITAL PRACTICE.

##### UNIVERSITY HOSPITAL.

CLINICAL SERVICE OF DR. WM. GOODELL,  
PROFESSOR OF CLINICAL GYNECOLOGY IN  
THE UNIVERSITY OF PENNSYLVANIA.

Reported by WM. H. MERRISON, M.D.

CANCER OF THE NECK AND BODY OF THE  
WOMB—ABDOMINAL TUMOR IN A YOUNG  
WOMAN—CANCER OF THE WOMB AND AN-  
TERIOR WALL OF THE VAGINA CAUSING A  
VESICO-VAGINAL FISTULA.

GENTLEMEN,—This morning, a lady about 51 years of age came to my office and told me that she had reached the climacteric, and yet she found that, after her husband had been with her, a discharge of blood followed, with subsequent hemorrhages. As soon as I heard that statement, I said to myself, "Here is something that the male organ impinges on during intercourse and causes it to bleed."

What could that be? The first thing I thought of was carcinoma, because my experience would lead me to think that at that time of life it would probably be the cause. Another cause might be the presence of a polypus. A third cause might be an exceedingly bad laceration of the cervix. If there were a bad laceration, with eversion of the lips of the cervix, the male organ would hit the lining of the cervix and might cause bleeding, but the bleeding would not be as great as in carcinoma.

When I made the examination, she said to me, "Doctor, I wish you to tell me frankly whether I have a cancer or not; for, if I have, I want to know it." I promised to tell her. After making the examination, I said to her, "This is of the cancer family, but it is not a hard cancer,—not that kind which is found in the breast. Those are rarely curable; but these are sometimes curable." If I had not promised to tell her, I should not have used the word cancer, but should have described it as a bad ulceration which was very hard to cure. Cancer is an ugly word to say to a woman; it is signing her death-warrant. Women often



say to me, "Now, doctor, if you find a cancer, don't tell me." As a rule, I never tell a woman that she has cancer, if I can possibly avoid it. When I told that woman that these cancers could be sometimes cured, I told her the truth, for I have cured three cases by treating them in their incipency; at least, the disease had not returned after five or six years.

Now as to the history of the case before us. She is 51 years of age. For the past two years she has had large hemorrhages. Her complexion has been changing. You cannot see this very well on the face, as the ether has changed the color somewhat; but you can see it here on the buttocks. The skin is of an ashy hue; but do not be misled by the color, for malaria and large hemorrhages will cause a similar tint. The color is not a pathognomonic sign.

Dr. Baer has examined this woman and found a cancer inside of the cervix. None of you can make a mistake in these cases of cancer of the uterus. You may mistake something else for a cancer, but you can never mistake a cancer for anything else. When these cases come to you, the disease has in the great majority of cases passed to the stage of ulceration. If the case came under observation before ulceration, I do not know that it could be diagnosed; but the most common malignant disease of this part of the body is epithelioma, and it usually begins with an open sore. I have known an instance where the disease began as a scirrhus: but this is rare.

There are two forms of epithelial cancer which attack the neck of the womb,—the vegetating and the excavating. The former is known as the cauliflower excrescence, and is not found so frequently as the latter.

This is a case of the excavating form. I find a pit filled with granulations which are friable. I often compare this to the crater of a miniature volcano. Around this irregular pit is a hard rim. This womb is movable. Usually, when the case comes to you, exudation, either inflammatory or carcinomatous, has caused fixation of the organ. Simply touching this mass has, as you see, caused bleeding, and frequently there will be profuse hemorrhage. There is no need of the speculum to make the diagnosis of cancer. Do not introduce one, for you will be sure, if the womb is fixed, to have bleeding, and you will be unable to see anything on account of this bleeding.

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I propose to scrape away as much as I can of this diseased tissue. This operation has, in my experience, never been followed by any bad results. I once made an opening through the womb into the abdominal cavity; but the woman had no unfavorable symptoms, and at the end of ten days went to her home, some distance in the country.

While at the late meeting of the American Gynecological Association, held in New York, a friend asked me what I did in these cases of cancer. I told him that I scraped away the diseased tissue, but that I did not use the hot wire, because I had seen serious and even fatal secondary hemorrhage follow its use. A few days ago I received a letter from this gentleman, in which he gave me the history of a case in which he had tried this plan, after getting home from the meeting of the Association. He says, "I went to work and scraped away all of the diseased mass, as you told me. After having done this, I found a little nodule on the posterior surface of the vagina, which I excised with my scissors, and immediately a torrent of blood rushed out, as though I had cut one of the iliac arteries. I used vinegar, but it had not the slightest effect on the bleeding." [I had told him that I used vinegar in controlling the hemorrhage.] "I then used Monsel's solution, without avail. Finally I controlled the hemorrhage by a block of alum placed over the bleeding point and a tampon in the vagina; but the woman died fifteen minutes afterwards." The last words of his letter are, "It was rather rough on a fellow, wasn't it?" I do not understand what could have caused that hemorrhage. Possibly he may have cut into an aneurism of the circular artery; but I have never seen the artery so much enlarged, nor have I ever seen a hemorrhage like that in these cases.

In removing this tissue, I generally use the dull curette,—Simon's curette, named after Simon, of Heidelberg. I first catch the neck of the womb with the double tenaculum, and ask an assistant to hold it, while I use the curette. I rarely use a speculum in this operation, but direct the curette by a finger in the vagina. The womb measures four inches. I am afraid that the disease has also involved the body of the organ. I am now scraping away the cervix and making a funnel-shaped opening in it. If I had known that I

was to operate on this case this morning, I should have brought with me my Paquelin's cautery to cauterize the surface after I have scraped away all that I can. Instead of the thermo-cautery I shall to-day use nitric acid.

As I proceed, I find that the whole cervix and the cavity of the womb is involved, and all that I can hope to do is simply to prolong life and make it more bearable. I can, with the utmost ease, get my finger into the cavity of the womb.

This is a case in which it might be proper to try the removal of the whole womb. This is an operation that I have never performed. It has been so fatal a one that I have not felt warranted in recommending it, and, indeed, I have rarely seen a case in which it could be performed, because of the fixation of the womb to adjacent tissues. If this woman were perfectly willing to have the womb removed, I should not object to removing it *per vaginam*. The removal of the organ through the abdominal wall has been a very fatal operation, the patients as a rule dying immediately or a short time after the operation. In this case the vagina is very capacious. The womb could be pulled down and gradually enucleated. Some of the vessels could be tied, while others could be closed by the hot iron.

I once had the day appointed for removing the uterus, but a day or two before the appointed time I discovered a slight oedema, and on examining the urine I found a large quantity of albumen present. I then refused to operate, although implored to do so, both by the lady and her husband. A few days after this she had a uræmic convulsion.

I have now nothing but a shell left. In some places I have gotten through the whole thickness of the cervix. To check the bleeding, I prefer vinegar to Monsel's solution, because the latter forms a hard blood-plaster which has to decompose and break down before it can be removed.

I shall not make an application of nitric acid, as I intended to do, because the case is one in which nothing can be done; and if there is a return of the disease requiring operation, I shall use the hot iron. I hope that this operation may diminish the discharge and give her more comfort; but when the body of the womb is involved, there is little chance of doing any good.

#### ABDOMINAL TUMOR IN A YOUNG GIRL.

Here, gentlemen, is a case which comes to us for diagnosis. I have had her put under the influence of ether. She is a girl 20 years of age. She has been very well, with the exception that she now has a little pain, probably in the right side. She eats well, sleeps well, and works well. She is unmarried. Last May she discovered that she had a tumor. At that time it was as large as her fist. Since then it has grown rapidly.

Now, gentlemen, in a case like this—an abdominal tumor in a young unmarried girl—we have to make a very cautious diagnosis. On several occasions I have had sent to me cases of supposed ovarian tumor which have proven to be cases of pregnancy. I once had a young unmarried girl sent to me by an excellent diagnostician as a case of ovarian tumor. The girl came innocently. I examined her and found that she was pregnant. I had ballottement and the foetal heart-sounds, and in addition I found milk in the breasts. When I told her what the trouble was, she was perfectly dumfounded. I asked her to tell me frankly if she had not allowed liberties, and she admitted that she had; but she said that nothing could have come from it. I suppose that intercourse had taken place, and that withdrawal had been practised; but we have instances where impregnation has occurred when the semen has simply fallen on the external organs, some of the spermatozoa entering the vagina.

This girl, I believe, is innocent of any suspicion that she may be pregnant; but that only makes the diagnosis more difficult. She says that she has had her monthlies regularly until the last period, and I believe her. A designing woman may tell you that she has been regular in order to get you to pass the sound and induce an abortion.

I examine the breasts to see if there is any areola or any of the enlarged glands described by Montgomery. I find no marked change. If this is pregnancy, it has reached about the eighth month,—the tumor is up to the ensiform cartilage,—and we ought to have milk in the breast; but I find none.

Examining the tumor, I find a lump which feels very much like the head of a child; but it may be a cyst. She has also plenty of fat in the abdominal wall. An

ovarian tumor usually, but not always, takes away fat in an astonishing manner.

Again, both ovarian tumors and pregnancy are cysts, so that the external evidences will be the same in both. We have dulness over the tumor. In the left flank there is resonance. This would exclude dropsy, for the fluid would gravitate to this region, and we should have dulness on percussion, unless, as might happen, the colon had become adherent to the wall of the abdomen.

I do not know that it would be possible, in the lecture-room, to hear the foetal heart-sounds even if they were present. I shall try. I hear nothing but the beating of her own heart. Fluctuation is not marked in this tumor. It is not marked in ordinary pregnancy, nor is it marked in polycystic tumors.

I shall now make a vaginal examination. I shall first ascertain if the hymen is present. If it be present, the inference will be very strong that this is not pregnancy; but I once had a case in which I had to cut the hymen during labor. At a late meeting of the Obstetrical Society, I spoke of a case of ectropion and erosion which looked very like a laceration of the cervix. It occurred in a woman of whom I could not have the faintest suspicion of unchastity and in whom the hymen was present. A physician present then told me that he had delivered a woman three times, and yet her hymen had never ruptured. I can easily introduce two fingers into this vagina. The cervix is small and unlike the cervix of pregnancy. The next point is, can I venture to pass the sound? These are the cases in which physicians are very commonly making mistakes. The best anatomist that England ever had—John Hunter—tapped a woman who he thought had an ovarian tumor. A few days later, labor set in, and the child was born with the mark of the trocar on its shoulder. So far as my examination goes, I should say that the womb is over on the right side and that it is empty. I am going to pass the sound with the greatest gentleness into the os and see if it passes in the direction of what I suppose to be the womb. I shall pass it very gently. I have done this on several occasions and have not ruptured the membranes. I now remove it and find that it has only passed two inches. I shall try again. There is another thing that would lead me to think

that she is not pregnant,—that is, the tumor does not present to the vagina. It is with difficulty that I can feel it.

If I cannot make a diagnosis, there is only one thing to do,—that is, to wait. If it is pregnancy, in a month or two it will all be over; but if it is a cystic tumor, it will develop slowly.

I think that I now have the sound up to the fundus of the womb. The sound shows a measurement of just two inches and a half. I'll try that again. I do not think this is a case of pregnancy, but there are certain symptoms which I do not understand. I am pretty sure that I have the sound up to the fundus of the womb. I move the tumor, but it imparts only a slight motion to the sound. The tumor seems to be not fastened very closely to the womb. I move the sound in all directions, and the womb moves with it. I do not think that the sound is rotating in the cavity of the womb. I tell you candidly, gentlemen, that I do not know what this tumor is. I see nothing to help me to decide as to its nature: it is irregular. Here is a lump which might possibly be the head of the child, and here is a body which might represent the shoulders. I have had the sound in the womb, and while I cannot declare positively that it reached the fundus, I feel a certain amount of assurance that it did. I am not prepared to make any diagnosis to-day. I shall ask her to return in a couple of weeks, but give her no hint as to my doubts. I shall tell her that we are hopeful that something can be done. You know that there is a way of talking without saying much. We shall also give her, as a placebo, the phosphated mixture of iron, which is not unpleasant to take. When she returns, I shall again examine her.

Before she leaves the room, let me again listen for the heart-sounds. I hear no sound but her own heart.

*CANCER OF THE UTERUS AND VAGINA CAUSING VESICO-VAGINAL FISTULA.*

In this case we have very marked cachexia. The history is as follows. She is 41 years old. Last spring she had what her physician described as the change of life coming on. What does she mean by that expression? She means that she had bleeding. There is an idea very prevalent, but with little foundation, that women bleed a great deal at the change of life. Bleeding at the menopause may

occur in the following way. The woman may miss her periods for two or three months, and then a severe monthly come on; then she may again miss it for several months, and then another large bleeding occur; but this is not the way that the change of life usually occurs. When a woman loses blood every two or three weeks, or for two or three weeks at a time, it is usually caused by carcinoma. The patient who was first before you had lost blood for three weeks. I have not examined this woman at all. She says that she has no pain. You see, gentlemen, how marked is the cachexia. Look at that hand, almost translucent. It seems as though you could look through it. See that little thread-like vein, and here on the forehead we have an artery without any blood in it. We simply see the mark of the artery. The color of the skin is sometimes darker than this: when typical it is of a leaden hue.

Here is a new symptom which I do not fully understand,—that is, inability to hold her water. When she coughs, it comes in a gush; at other times it simply dribbles away.

Examining her, I find that she is in an excoriated condition, which I presume is due to the urine. This may be a case in which the disease has made an opening into the bladder. I shall now pass my finger gently into the vagina. I shall not use the sound. I have now discovered what the trouble is, and shall have the patient removed, so that she may not hear what I say.

This is a case in which the cervix has been attacked by the disease and is completely eaten away. The cancer has eaten up anteriorly and gnawed a hole into the bladder, through which I could pass two fingers. We have here a carcinoma affecting primarily the cervix and secondarily the vagina, and opening into the bladder, causing a vesico-vaginal fistula. The result of this case can be easily foretold. It is entirely hopeless.

What are the lessons that we have learned to-day? First, that cancer of the neck of the womb is easily diagnosed; and while you may mistake a bad ulceration for cancer, you will never mistake a cancer for anything else. The second lesson is not to use a speculum in examining a case of cancer, for you can gain no information by the eye: the finger will tell you all,

and the speculum may cause hemorrhage, requiring the use of the tampon to control it. The third lesson is that in abdominal tumors you will often find it difficult to make a diagnosis, and that you must not in such cases be in a hurry to use the sound; but if the case is urgent and you must use it, call in some one to back you and share the responsibility. Finally, that if you are not certain as to the diagnosis, wait if possible until the period of gestation has passed before expressing an opinion.

## TRANSLATIONS.

### IODOFORM AS A DRESSING, PARTICULARLY IN TUBERCULOSIS OF THE BONES AND JOINTS.

—In spite of the very general use made of iodoform, even outside of its employment in the treatment of venereal affections, this substance has by no means been employed to the limit of its usefulness. The evil odor of iodoform may be remedied to a very considerable extent by the use of tincture of tonka bean or of one of the essential oils, as cloves or winter-green. For these reasons the following extracts from a paper by Mikulicz, of Vienna, read before the recent Congress of German Surgeons (*Cbl. f. Chir.*, No. 20, 1881), may be not without interest. The facts are derived from Billroth's clinic. Fungous tuberculous processes, and also fresh, gangrenous, diphtheritic, and other wounds which were not suitable for antiseptic treatment, were treated with iodoform. The result showed that iodoform is one of the very best of recent additions to our means of dressing wounds. According to Binz, Högyes, Moleschott, and Oberländer, the local effect of iodoform is due to the slow but protracted influence of iodine liberated gradually by chemical decomposition. The iodine thus liberated does not react so strongly upon the tissues as in the form of tincture of iodine, but it is absorbed, appearing in the urine, but not influencing the system generally to a toxic degree. Experiments upon the antiseptic effects of iodoform show that it prevents the appearance of bacteria in decomposing fluids.

Mikulicz employed iodoform in the form of powder, of gelatin rods containing iodoform (1 part to 2 of gelatin), iodoform emulsion, and solution of iodoform in ether (1:5). The iodoform was placed directly



upon the wound and covered with cotton and an impermeable cover. The dressing was changed at first every second to fourth day; later, every one to two weeks. Thirty-six severe cases were thus treated,—1, eight fresh wounds; 2, five ulcers and sanious or diphtheritic wounds; 3, twenty-three fungous-tuberculous processes, such as (a) extensive caries of the knee-joint, with destruction of the epiphysis of the femur and numerous fistulæ, in which sixty grammes of iodoform sufficed to cause healing and consolidation in two and a half months; (b) caries of the elbow-joint, cure in one month and a half; (c) caries in the hip-joint; (d) extensive tuberculous infiltration of the soft parts of the upper arm and forearm, and other cases. Further, in a case of fungous inflammation of the ankle-joint, without fistulæ, parenchymatous injections of ethereal solution of iodoform were employed. After fifteen injections of half a syringe of the solution, the fungous mass disappeared. In one case of lupus of the foot a simple strewing of the surface with powdered iodoform was sufficient to produce a clean granulating surface.

The advantages presented by the use of iodoform as a dressing for ordinary wounds, etc., are that it is an excellent antiseptic (when brought into direct contact) for wounds of all kinds. It quiets pain and irritation, reduces the secretion to a minimum; the dressing need seldom be changed, and is easy of application and is unaccompanied by constitutional disturbance. In the form of iodoform gauze it surpasses in simplicity and certainty all applications heretofore used in wounds communicating with the mouth, pharynx, intestine, vagina, etc., affording perfect antiseptis and absence of pain. It is particularly cleansing in ulcers and gangrenous wounds. It has a specific influence upon fungous-tuberculous granulations (but only on direct application), which soon change to healthy, healing surfaces and rapidly cicatrize.

**CASE OF DIFFUSED TUBERCULOSIS OF THE BUCCAL MUCOUS MEMBRANE.**—Dr. J. Eichhoff (*Deutsche Med. Wochens.*, 1881, p. 413) gives full notes of the case of a man of 39, thin and poorly nourished, with a greatly enlarged under lip hanging out so that the mouth could not be closed. Thin saliva continually dripped out. The surface of the under lip was uneven and rough and covered with tough mucus. In

the centre could be seen, at the junction of the lip with the gum, a transverse ulcer of about two and a half centimetres' breadth, with smooth, gray-coated surface and slightly irregular, sharply defined borders. At the right commissure of the lips, on the mucous membrane, a roundish, coin-sized ulcer could be seen, with smooth, grayish surface and somewhat overhanging borders. A similar ulcer could also be found on the right side of the mucous surface of the upper lip. The upper lip itself was much swollen, rough, and covered with mucous masses. The teeth were defective. The tongue was markedly swollen, especially in its anterior and lateral portion. There were a number of pin-head-sized yellowish deposits scattered over the mucous membrane of the tongue, together with several small ulcers. On the tip of the tongue was a flat yellowish ulcer, and along its border several elongated cicatrices. Several small ulcers could also be observed in the mucous membrane of the hard palate.

The external cutaneous surface showed a number of typical tuberculous ulcers. Physical examination of the chest showed involvement of the lungs. The patient died within a few weeks, when the lungs were found pneumonic and filled with caseous deposits. The upper air-passages were the seat of similar ulcers to those found in the mouth. Likewise the intestine was studded with ulcers, and tuberculous adhesive peritonitis existed. Syphilis was carefully excluded, and the case was evidently one of marked tuberculosis.

**DEMONSTRATION OF A CASE OF CARCINOMA OF THE VERTEBRA.**—At the recent meeting of the Congress of German Surgeons (*Chl. f. Chir.*, 1881, p. 35), Dr. F. Busch showed the specimens from a case where no external carcinoma had been observed during life. The patient showed a slight prominence over the spine of the lowest dorsal vertebra which presented the appearance of a beginning spondylitis. He died in an attack of acute asphyxia, post-mortem examination showing embolus of the pulmonary artery as the cause of death. A carcinomatous deposit of considerable size was found on the head of the pancreas, which was probably the primary tumor. Metastatic masses had proceeded from this point, but only so far as the vertebra and the ribs. As to the vertebra, it was interesting to note that the eleventh dorsal

vertebra had contracted to five millimetres' thickness under the influence of the carcinoma. A cross-section of one metastatic mass of the rib showed within the white marrow-like body of the tumor the exact contour of the normal rib,—a proof that there was no expansion of the bone-substance, but a growth of the tumor itself.

THE PHARMACOLOGY OF PODOPHYLLUM PELTATUM.—Dr. Valerian Podwyssotzki (*Arch. f. Exp. Phar.; Deutsche Med. Wochens.*, July 30, 1881) says that from the rhizome of the podophyllum and from the commercial podophyllin—which, as is known, is not a pure alkaloid—he has isolated the following: 1, an extremely poisonous substance, podophyllotoxin; 2, an extremely bitter substance, picropodophyllin; 3, an acid, podophyllic acid; 4, an inert substance similar to quercetin, and, in addition, a green oil and a crystalline fatty acid.

Podophyllotoxin is the active ingredient of podophyllin. It may be obtained in a crystalline form, and acts as an active poison on animals (dogs and cats), five milligrammes being fatal. Picropodophyllin is found to the amount of eight or ten per cent. in commercial podophyllin. It tastes insupportably bitter and acts as an emetocathartic. Three-hundredths of a centigramme were fatal to animals. Podophyllic acid appears to be without perceptible action.

Podwyssotzki thinks that podophyllotoxin is decomposed by the action of alkalis into the less active picropodophyllin and the inert podophyllic acid. The dose for man has not yet been ascertained. If it is to be employed, of course it must be given in decidedly smaller doses than podophyllin.

#### PRIMARY TUBERCULOSIS OF THE PALATE.

—Dr. B. Küssner (*Deutsche Med. Wochens.; Cbl. f. Chir.*, 1881, p. 457) brings forward five cases of primary tuberculosis of the palate and pharynx. The first of these cases terminated in a very probable cure; the second in a certain cure; the third endured and even increased in size slightly for a long time, then remained stationary, the patient finally dying of tuberculosis of the lung; the fourth was accompanied by a rapidly-developing military tuberculosis; the fifth, by tuberculosis of the lung, larynx, etc. It is thus seen that all of these ulcers are not progressive; but the suspicion of possible syphilis should

be completely set at rest in future reports. Küssner thinks it likely that among the so-called scrofulous, easily curable ulcers of the mouth and pharynx found in children, many are in reality tuberculous in character.

Palliative treatment is possible in the earlier stages. Küssner recommends active cauterization with nitrate of silver or Paquelin's cautery. A five-per-cent. carbolic acid solution is useful as a local anæsthetic.

SCLEDERMA (?) AND ONYCHOGRYPHOSIS.—Dr. A. Wölfler (*Zeitschr. f. Heilk.; Cbl. f. Chir.*, 1881, p. 460) gives the case of an elderly man who suffered a complicated fracture of both bones of the left forearm in 1870. On account of severe hemorrhage, the brachial, and later the axillary, artery was tied. Entire cure did not take place until several sequestra of bone were removed, nine months later. Four years ago the finger-nails of the left hand began to thicken and to crook like claws; they appeared as if splitting off in layers, cleft, rising in transverse ridges, and twisted like a ram's horn. The skin near the nails was wasted, rough, dry, and papery, without hair or folds, smooth, shining, and colder than the other hand. The fingers were crooked in the interphalangeal and metacarpophalangeal joints, and could only be moved slightly. Sensibility was perfectly preserved; muscular excitability by the induced current was not entirely gone. Wölfler inclines to Rehn's view,—that the process in these cases is essentially irritative. He leaves open, however, the question as to how far this chronic irritation is connected with disturbance in the blood-current, and how far dependent upon changes in the nervous apparatus.

INJECTIONS OF PILOCARPIN IN ŒDEMA OF THE GLOTTIS.—At a recent meeting of the Société de Thérapeutique (*Bull. et Mém. de la Soc. de Thérap.*, 1881, p. 146) Dr. Paul read a paper by Dr. F. Sorel, giving an account of a case of œdema of the glottis where, other remedies having failed, one centigramme ( $\frac{1}{100}$  grain) of pilocarpin dissolved in a cubic centimetre of water was given. Slight perspiration resulted, with profuse salivation and cough, with the expulsion of large plugs of thick mucus. The relief was immediate. The injection was repeated a few hours later, and the next day two centigrammes ( $\frac{2}{100}$

grain) of the nitrate of pilocarpin were injected, giving rise to salivation and sweating.

Dr. Paul added, in discussing this case of Dr. Sorel, that he had found pilocarpin useless and sometimes harmful in ascites symptomatic of cirrhosis of the liver due to telluric influences; also, that in a case of pleurisy with effusion, injections of pilocarpin had been given on four successive days without effect, the influence of the drug only first manifesting itself on the fifth day. Digitalis had been previously given in this case. Dr. Paul thought it possible that the vascular tension produced by the digitalis had neutralized the effect of the pilocarpin.

**DURATION OF LIFE IN THE INFANT AFTER THE MOTHER'S DEATH.**—In 379 cases in which Cæsarean section was made after death, 308 infants were born dead, 37 still gave signs of life, 34 were living. Among these last some 5 lived a somewhat long time.

Gaseski (*La France Médicale*, vol. ii., 1881, p. 137) has made experiments upon animals in order to ascertain the duration of the life of the infant after the death of the mother. He arrives at the following results. 1. In case of the sudden death of the mother the product survives. 2. The extraction of a living foetus is probable if it is made during the first six minutes following the mother's death. 3. Life, it may be hoped, can still be restored, in spite of a certain degree of asphyxia, in infants extracted six to ten minutes after the mother's death. 4. It is possible to save an infant after ten to twenty-six minutes. 5. The foetus is often extremely asphyxiated after the first minute. 6. The survival of the foetus is longer in proportion to the shortness of the interval of time which has passed between the cause of death and the complete cessation of the movements of the heart. 7. Death of the mother from rapid intoxication (poisoning) is more favorable to the survival of the foetus than death due to other causes.

**PATHOLOGICAL HISTOLOGY OF PAINFUL SUBCUTANEOUS TUMORS.**—George and Frances Elizabeth Hoggan (*Cbl. f. Chir.*; from *Virchow's Archiv*, Bd. lxxiii. p. 233) examined a bean-sized tumor extirpated from the arm, finding a new growth enclosed in a capsule of connective tissue, and chiefly composed of thick cell-masses of the same type as the epithelial cells en-

closing the sweat-glands, which were arranged into narrower and wider tubular structures or into great solid formless cell-masses. The sweat-glands at a little distance from the tumor showed abnormal development. The authors explain the new formation as an adenoma of the sweat-glands. Within the latter certain extravasations were discovered in various stages of organization. Nerves could not be found, even after much trouble. The painfulness of the lesions must therefore be attributed to pressure by the relatively hard nodules on the nerve-twigs running over them.

**INFLUENCE OF VARIOUS ALKALOIDS ON THE BODY-TEMPERATURE.**—Several of Högyes's students (*Archiv für Exp. Path. u. Pharmacol.*, Bd. xiv. p. 138) have been making experiments with a view to ascertain which of certain alkaloids increase the body-temperature and which diminish it. The quantitative determination of the rise or fall is not considered. They find that strychnia, nicotina, picrotoxin, and veratria cause increase of temperature, while quinia and aconitia decrease it. The influence of muscarin and curara is uncertain.

**RESORCIN AS AN ANTISEPTIC.**—Dr. Dujardin-Beaumetz (*Bull. Gén. de Thérap.*, vol. ii., 1881, p. 34) says that, although he does not entirely agree with the German views as to the antithermic power of resorcin, he considers it as giving excellent result in the treatment of surgical affections, and he believes it destined to replace carbolic acid in all external applications, on account of its solubility in all proportions and its absence of odor.

**VITALITY OF TRACHEOTOMIZED PERSONS.**—It having been asserted by writers, Moutgeot among others, that persons tracheotomized for croup are unlikely to pass the age of puberty, Dr. Thouvenet (*Acad. de Méd.*, *La France Médicale*, vol. ii., 1881, p. 67) has written an article going to prove the contrary. Among persons operated upon by Thouvenet there are a number at present living at the ages of thirty-four, thirty, twenty-nine, twenty-seven, twenty-six, etc., years respectively.

**CURE OF HYDROCELE BY INJECTION OF CHLORIDE OF ZINC SOLUTION.**—C. Boeck used two drops of a ten-per-cent. solution in half an hypodermic syringe of water. A single injection into the unemptied sac effected a complete cure in five weeks.

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EDITORIAL.

INDEX MEDICUS.

AT various times we have in these columns directed the attention of our readers to the Index Medicus. The scope of this peculiar and invaluable publication is too well known to require reiteration of the facts concerning it. The need that it has of pecuniary support has also been spoken of time and again; but the return of the end of the year calls for a fresh reminder to the medical public of the necessities of the situation. Newton may have won immortal fame by his Principia, but we doubt whether he achieved many dinners by it, except as a guest at the houses of the great. The higher and more scientifically valuable any publication is, as a general rule the smaller is its audience; but such publications are the foundations upon which utilitarian workers build. The ordinary general practitioner may not have much immediate use for the Index, but to the literature of the profession the book is an immense necessity,—a necessity which has never before been met, so that our medical force has been wasted, and our medical literature has been left weak and imperfect. Surely every prosperous doctor can afford six dollars a year for the development of his science, for the building up of the greatest charity of the world,—the medical profession. No doctor who writes even for medical journals can afford to be without the Index or at least without access to it: to save his own time and to make his articles complete he must be able to know at once what others are doing. Our object to-day is not, however, to appeal to the individual doctors to aid in the sustaining of the Index Medicus, but,

if possible, to awaken the various medical organizations throughout the country.

According to the statements of the publishers of the Index Medicus, the annual deficiency is now one thousand dollars. How many county medical societies there are in the United States we do not know, but certainly enough to make up this deficiency if each would subscribe for even a single copy of the Index. The large city societies ought to do much more than this. As Philadelphians we are proud that three of our local societies—the Philadelphia County Medical Society, the Philadelphia Pathological Society, and the Philadelphia Obstetrical Society—subscribed each fifty dollars to keep alive last year this great bibliographical magazine. As Americans we are ashamed that in the whole length and breadth of this land not one State or local medical society outside of this city was found to follow the example set. It is no less surprising than depressing that with absolute indifference they have all stood by and seen the great work tottering to its fall. New York, boasting continually of itself, its progress, and its wealth,—New York, where the Index is published, where so many of the profession dwell in palaces, are clothed in purple and fine linen, and fare sumptuously every day, has done nothing. Boston,—in its own conceit the Athens of America,—with its perpetual smile of self-content and its lips dripping with the honey of self-congratulation, has been as responseless as has Chicago, in its rush and greed for material wealth. St. Louis, Cincinnati, Baltimore, New Orleans, San Francisco, Pittsburg, Albany, and our innumerable smaller cities,—where are they? An annual subscription of twenty dollars from each of the societies of these cities would enable Mr. Leypoldt to continue the publication of the Index. Will they not give it?

The aid will probably be required but for a few years, until, by the growth of the European patronage and of the support



not only of individual physicians but also of libraries in this country, the subscription list has been increased by one hundred and fifty names.

We are glad to be able to state that our county society has renewed its appropriation of fifty dollars for 1882, besides subscribing for two numbers of the journal; and we doubt not the other societies will follow so soon as they meet. What is the matter with the old College of Physicians? Why does it not fall into line?

Let all physicians, who can, subscribe; let them see that their societies aid in the work; let them insist that the public libraries of their respective towns and cities take each a copy; and the enterprise will move hereafter easily and steadily along the grooves of habitual prosperity.

[New York, Boston, and Chicago medical journals please copy.]

#### PHILADELPHIA MEDICAL CLASSES.

THE idea seems to have spread in this city that the University medical class is seriously less than it was last year. On inquiry, we learn that the first or commencing class has exactly the same number in it as had that of last year at the same date. The preliminary examinations last year reduced the first-year class by about twenty men, and of course the second-year class of this year suffers. It is a curious fact, however, that the second-year class of the present session is distinctly larger than was the first-year class of last session. More new-comers have entered the second year than old members have dropped out.

The preliminary examinations instituted now for the first time in the *dental department* have been followed by a loss of about twenty students.

We have made inquiry in regard to the class of the Jefferson Medical College, but the dean has not answered our official note: so we presume the common report

that the class is somewhat smaller than that of last year is correct.

#### THE MARINE HOSPITAL SERVICE.

THE Marine Hospital Service is as much a governmental service as is the Medical Corps of the army. The organization arose from government, the appointments are made by government, and the pay comes from the nation. When a medical army officer is killed or dies of disease contracted in the service, his widow and children become, as it were, the wards of the nation and are supported by a pension. No such provision has been made for our unfortunate brethren of the Marine Hospital Corps; but it should at once be done. We notice that Dr. J. M. Green has died at Key West, of yellow fever, contracted through exposure in the line of duty, and that he leaves a widow unprovided for. Surely Congress should not only pass a proper pension act, but should make it retroactive, so as to take in this very sad case. To face tropical yellow fever requires more courage on the part of a Northern man than to lead a forlorn hope.

THE following clipping is from a reputable medical authority. It is so absurd upon its face that we suppose few will believe it; but it seems right to say that it has no foundation in fact. Dr. Agnew, we know, has not tendered any bill nor been asked for one. Many are the wiles of the newspaper man, sad are the wrecks he has made during the summer of professional reputations; but, assuredly, Dr. Agnew has passed the ordeal absolutely spotless.

"POOR PAY.—According to newspaper reports, the four surgeons in attendance on President Garfield—Bliss, Barnes, Woodward, and Reayburn—charged the Government \$4000 each, or \$100 each per day, for forty-two days' attendance. Dr. Agnew's bill for the same number of days for 'consultations, operations, and visits' was \$32,600, and Dr. Hamilton, for 'visits and consultations,' rendered a bill for a similar amount. The remaining thirty-eight days will doubtless be charged for at the same rate."

## LEADING ARTICLES.

THE CASE OF GEORGE WOOD,  
TRIED IN PHILADELPHIA FOR  
VITRIOL-THROWING.

THE case of George Wood, recently tried in the criminal court of this city for the crime of vitriol-throwing, seems of sufficient interest to be worthy of record and comment. The subject is a man apparently nearly sixty years of age, who is said to have been a boisterous, eccentric person all his life, although quite successful in business. His only sister has for many years been insane, one brother suffers from chronic epilepsy, and the remaining brother has had at least one attack described as apoplectic. Mr. George Wood himself was afflicted for years with some form of disease of the bowels, and in the early summer of 1877 was operated upon by Dr. Agnew for piles. After this, very severe chronic diarrhoea developed, with bloody mucous passages and much suffering and exhaustion. He was continuously under the care of Dr. Knorr from the date of the operation until November, 1878, when professional attendance ceased, although the diarrhoea does not seem to have been materially relieved. The evidence of the case clearly showed that during the whole of 1878 and 1879, up to the fatal Christmas night, the unfortunate man suffered from the severest form of chronic diarrhoea, which reduced his strength very greatly and seems to have developed the mental disorder to which he undoubtedly was naturally predisposed.

After the operation for piles a very distinct but gradual change occurred in the actions, conversation, and habits of life of Mr. Wood. The sleeplessness was very great, and at last reached such a point that witnesses affirmed that he never slept more than a few minutes in the twenty-four hours. There was also constantly increasing physical restlessness, which was shown by his inability to sit still (even during meals he was continually jumping up and down), by his continual rapid walking to and fro through the house, or running out into the street and back, or going many times a day in and out of shops which he had been accustomed to frequent. He is said finally never to have been quiet at all, by day or by night. As he walked or ran he continually gesticulated, wildly throwing

his hands about, wringing them, pulling at his hair, unbuttoning his coat, etc. Sometimes he went crying as he ran; more often he poured forth a continuous stream of incoherent talk, cursing and swearing most vehemently, and speaking sometimes indecently about his disease and the persons who he declared had injured him or were about to ruin him.

There were undoubtedly distinct delusions, and all his wrath was concentrated upon three persons, to two of whom his delusions related. Dr. Knorr, "who had burnt his guts out with vitriol," and Mr. M—, who had "caused his disease" by giving him some supposed improper business advice, were the chief objects of his animosity, which was, however, directed also against his brother Charles, who had done nothing, but was "coming to ruin him." It should be stated that neither Mr. M— nor Dr. Knorr had given any just cause of complaint to Mr. Wood; also that repeatedly when Mr. Wood met Mr. M— he was perfectly friendly to him. Mr. Wood, during the spring or early summer of 1879, visited Dr. Agnew at his office several times for professional advice, and acted in such a manner that the doctor judged him to be insane, and wrote to his wife, advising her to put him in Burn Brae, Dr. Givens's Insane Asylum near Media.

The evidence showed clearly that by the autumn of 1879 Mr. Wood had become literally a wild madman, doing most crazy acts, at one time nearly setting his house on fire, continually threatening and making preparations for suicide, shouting incessantly and no less incessantly moving to and fro, very careless as to his dress, and finally becoming filthy in his habits. Yet he was allowed to go at large, although warning had been given by Dr. Agnew. On the 22d of December he visited Dr. Knorr's office, and, after a scene of violent denunciation, left, swearing vengeance. On the 25th or 26th of December he went to the house of an old but not intimate acquaintance, and, on finding that he was not at home, left word with his wife, Mrs. Sheppard, that he wished her husband would come to see him, as he had in his cellar some screws or machinery he would like to show him. The next day, at five p.m., Mr. Sheppard, sitting at his front window, saw George Wood pass by very rapidly, followed by his nephew watching him. He went out

and called George Wood, who either did not hear or did not heed his call, and then told the nephew to tell his uncle that he (Mr. Sheppard) was now at home. The nephew soon, however, lost sight of Mr. Wood, only, some minutes later, to see him in the gloom stoop alongside of a door-step, pour something from a bottle into a mug, and dart off.

George Wood must have gone directly towards the house of Mr. Sheppard, possibly with the intent of going to Dr. Knorr's, the general direction of the two places being the same. Mr. Sheppard met him, and a brief, friendly talk ensued: it lasted a few minutes, when George Wood started off, but after a few steps turned sharply upon his track, put out his hand containing the mug, and exclaimed, "Smell that," and directly after, with an oath, dashed the sulphuric acid in the mug over Mr. Sheppard's face. He then ran away as fast as he could. Shortly after this, not to state too many details, Mr. Wood was stopped whilst running in the street by his nephew and a police-officer; but after the officer had left him with his nephew (neither of them knowing what had occurred) he broke away, ran to the wharf and on to a ferry-boat. The gate-keeper, divining by the aspect of the man as he rushed past that he was a would-be suicide, shouted, "Stop that man." The deck-hands seized and, after a struggle, threw him, when he yielded and was taken home. A day or two subsequently, upon certificate of Drs. Knorr and Young, he was sent to the Friends' Asylum, near Frankford. The superintendent, Dr. Hall, on the witness-stand, stated that when George Wood came to the asylum he was undoubtedly suffering from violent general mania,—was sleepless, excited to the utmost pitch, violent, smearing his excrement over the furniture, shouting and yelling and continually rushing up and down the room in which he was locked. After six months' treatment he was sufficiently recovered to have the liberty of the grounds.

For the defence, Drs. Preston Jones, Hall, and H. C. Wood testified that, having heard all the evidence, they were fully convinced that George Wood, at the time of the assault, was suffering from general mania and was therefore irresponsible for his actions. After a few witnesses had been called in rebuttal, and on cross-examination had furnished excellent material for the

defence, the district attorney, on behalf of the commonwealth, asked for a verdict of "acquittal on the ground of insanity," stating that he was convinced that George Wood had been insane at the time of the throwing of the vitriol, and that he feared a disagreed jury would result if an acquittal were not directed by the court. In case of a disagreement the man would be practically freed, whereas under the existing laws of Pennsylvania an acquittal such as asked for would put the subject in the custody of the court, where he would be so taken care of that no repetition of assault need be feared. The judge charged in accordance with these sentiments, but the jury were loath to comply. After a time, however, they yielded, and the verdict was recorded. After all was over, the writer of this was told by a jurymen that the jury, before the district attorney's last action, stood three for acquittal, three "on the fence," and six for conviction. Evidence so strong as to cause the prosecution to voluntarily withdraw their case failed, then, to convince more than three out of twelve jurymen that there was a "reasonable doubt" as to the prisoner's sanity at the time of the commission of the act.

Fortunately, in the present case there was no disagreement between the medical experts called by the defence and by the commonwealth. Indeed, the abandonment of the prosecution was no doubt largely the result of the opinions given by Dr. D. D. Richardson and other experts called by the district attorney. There are, of course, cases of alleged insanity in which there is more room for honest difference of opinion than in the present instance, but we cannot help thinking that one source of disagreement is often found in the acting as experts of men who have not really studied insanity. In America, he who can flourish well the amputating-knife is thought by many of the laity to be versed in all forms of medical lore; and we have even seen surgeons who shared the delusion. It was therefore with much satisfaction that we heard Dr. D. Hayes Agnew, in clear, forcible language, upon the stand, affirm that he was no expert in insanity, and that his testimony should not be considered as coming from such a one. Modesty like this adorns him who has it, aids in the obtaining of justice, and exalts the profession.

An important moral to be drawn from the terrible tragedy we have just epitomized

is in regard to the responsibility of those whose blood and marital relations make them the natural guardians of those who are by reason of insanity no longer able to take care of themselves, and to the still greater responsibility of those medical men who, led either by proper or by sinister motives, have of late years been trying to increase the distrust with which the lay community looks upon asylums for the insane.

In the newspapers we continually read articles concerning the rights of the insane: expressions of the necessity of the enactment of laws for their protection: accounts of doctors prosecuted for signing certificates of insanity: and even records of successful suings out of writs of habeas corpus by lawyers who are fired with ambition to become freers of the insane and fillers of their own coffers. All this is bad enough; but in medical journals, and, we are ashamed to say it, in the secular press also, we read furious attacks upon our insane asylums made by those who hold seemingly high places in our profession; attacks which are in great part unwarranted, and which are calculated to do immense injury by destroying whatever confidence the laity have now in the management of our asylums. The latter are not perfect institutions, but are, on the whole, well managed by men who are as honest, well informed, and well meaning as any other class of our profession, and whatever change is to be brought about in our system can only safely be attempted by fair, honest discussion with them and *without* the public.

He who stirs up public feeling against the asylums, to our thinking, is an evil, in that, though he be honest, great wrong may—and, if his influence be great, must—follow his acts.

The case of George Wood is but a common instance of the fact that the insane need protection against themselves, and that in the asylum they are for themselves far better off than they are at liberty. It is a no less common example of the truth that the sane need protection from the insane. Not only do the records of criminal assaults show this, but also the daily martyrdoms, on the part of those who conceive it their duty to keep their relations and friends at home although insane, or who are forced by public opinion or the law to this mistaken kindness. We might write at much greater length concerning the subject, but this leader is already so overgrown

that we for the present dismiss the matter, with the reassertion that in the great majority of cases we believe that not only do the safety and happiness of the sane demand the confinement of those who have lost their reason, but that the chronically insane themselves are happier under the discipline of the asylum than under the half and fitful control of those whom, it may be, they have been accustomed to govern.

#### MALARIAL ORGANISMS.

PROBABLY the most useful work in which the National Board of Health is engaged is in the fostering of researches upon etiology. There lies upon our table the report of Dr. Sternberg made to the Board concerning the nature of malaria and the correctness of the asserted discoveries of Klebs and Tommasi-Crudelli as to the production of malarial fever by an organism, the *Bacillus malarie*. Injections of Roman mud and of New Orleans gutter-slime, or of foul soil from a Mississippi delta, certainly kill rabbits; but we think Dr. Sternberg has clearly shown that it is not probable that the rabbit suffers from intermittent fever. The fact that rabbits in malarious districts do not suffer from malaria makes it probable that they are not subject to the ague-poison; and the temperature curves of Dr. Sternberg and of the Italian investigators themselves show that the fever which has followed their injections into rabbits has not a type at all comparable to that seen in human ague. Moreover, Dr. Sternberg has shown that the post-mortem lesions in the rabbit are not at all peculiar, but resemble closely those found in septicæmia. Klebs and Tommasi-Crudelli also attach some importance to the asserted fact that in malarial fevers there is in man an increase in weight in the early stages of the attack, and that they have found this to take place in the rabbit poisoned with Pontine mud. We think that most physicians will agree with us in believing that early gain of weight is not a diagnostic symptom of malarial fever, and Dr. Sternberg has shown that sometimes, at least, gain of weight does occur in septicæmic rabbits. Dr. Sternberg very properly does not assert that he has disproven the existence or toxic properties of *Bacillus malarie*, but he seems to us to have clearly shown that there is at present



no evidence that the organism possesses the deadly powers ascribed to it. A very important part of the work of Dr. Sternberg was the attempt to study the specific characters of the bacillus, so as to know whether it really has existence as a distinct form worthy of an individual name. The doctor did find in the mud from near New Orleans, and also in gutter-liquids taken from within the city limits, certain filaments of vegetable nature resembling those of *Bacillus malarie*, and probably identical with it. There does seem, however, a want of anything worthy to be called specific characters, and filaments closely resembling, and, to us, indistinguishable from, the *Bacillus malarie*, may be found in any foul mud near this city. It should be remembered that the bacillus has not yet been discovered in the human blood or body, and it does look as though the Italian experiments, careful and skilful though they may have been, have had too much weight attached to them, and that we are no nearer any knowledge of the ultimate nature of the malarial poison than we were ten years ago. Dr. Sternberg thinks we might experiment upon human beings, because intermittent fever is so easily cured and so rarely fatal; but we are inclined to believe it will be some time before this is carried out. The difficulty is not that malarial fever, if produced, would be serious, but that no one can tell what other affection, instead of ague, might be caused in the attempt at the production. It looks very much as though foul mud were a septic material; and he will be a brave or reckless man who purposely makes a compost-heap in his own cellular tissue.

## CORRESPONDENCE.

### LONDON LETTER.

THE season for the reassembling of the medical schools has come round again, and with it the addresses at the various institutions, including one at the London School of Medicine for Women. *Place aux dames*. We will be glad, all of us, to hear what Miss Annie Reay Barker, M.D., had to say. She referred with pardonable pride to the achievement of Miss Frances Prideaux at the London University, who took the gold medal and exhibition for anatomy. Two other ladies distinguished themselves honorably. Let Miss Barker speak for the ladies herself: "Not

only were the ladies working well as students, but they were beginning to spread themselves gradually and quietly over the country, becoming centres of usefulness in the towns in which they had established themselves, and thus supplied a need which was making itself more apparent, now that there was a possibility of obtaining the help of skilled women doctors." The movement has provided for London six of these lady doctors, Edinburgh two, and Manchester, Leeds, and Bristol four, one place commanding the services of two, or Birmingham owning one,—it is not quite clear which. "Miss Barker bore personal testimony to the progress which had been made in Birmingham, and expressed her pleasure in speaking of the fairness, practical good sense, and kind feeling with which medical women had been received there. The prejudices against women doctors must, Miss Barker told the students, be overcome, not by showing ill will in return, but by honest, true work, and by showing that, though they have entered a profession, they have lost none of the refinement and dignity of true gentlewomen." So much, then, for the ladies.

Of course it is not an easy matter for the gentlemen who deliver the addresses to select a topic so readily as the lady lecturer, nor is there much originality in any of the addresses, that by George P. Field being the best. At King's College the introductory address was delivered by Sir John Lubbock, F.R.S. He commenced by speaking of the prosperity of King's College and the increase in the number of students in all the principal departments. He gave it as his opinion that the time had come when more joint action could be taken by the educational institutions of London under the auspices of the University of London. For instance, by so doing, lectures might be given on subjects too special for any single college or school. He distributed the prizes with a few judicious remarks, of which one is sound enough,—“Success in life depends much on many things which no examination can test.” There seems much risk at the present time of forgetting this. He recommended industry without neglecting holidays. “Much time,” he said, “went in occupations which were neither work, rest, exercise, nor recreation.” Such he termed “waste time.” There is much that is worth making a note of in this truism, for truism it is. Probably few men have put in more well-spent and less “wasted time” than the well-known baronet and banker. At St. George's Hospital, Mr. Warrington Haward thought it profitable to advise the student as to how he should pursue each particular study; he preferred to speak of the spirit or tone of mind in which medical studies should be pursued. He should neither depend too much upon his teacher nor trust too completely to himself. To accept nothing without personally

testing it is to render a medical education too long to be practicable: without the exercise of the mind it becomes enfeebled and unfitted for individual judgment, "and, like the weakened muscles of disease, liable to irregular and errant action and easily turned aside by the smallest obstacle." He pointed out how the knowledge of the day has been built up by fragments added from time to time, cemented firmly into a solid structure. With this the student must become familiar as the object of his studies, and without acquaintance with it the student is unfit for his future position. He did not think the proper or philosophical state of mind for students was one of profound scepticism of every one and everything but themselves. He might have told them that older persons than students are sometimes so engrossed with their own labors and their own merits that they are incapable of accurate comparison of themselves with others; their very concentration in themselves prevents their seeing the proportions of others properly: the gaze bent inward sees outward things but imperfectly. Such people put in betwixt their vision and the object a set of lenses which are like a telescope. Put the small lens to the eye, and the object is seen larger than the reality; put the broad end to the eye, and the object is seen far away and disproportionately small. In practice they put the small end to the eye when they look at themselves, but the larger end when they survey some one—or, indeed, anybody—else.

At the Middlesex Hospital, Dr. Douglas Powell, after the usual congratulations, proceeded to point out some important matters in diseases. *Compensation* was a great matter in chronic diseases, indicating the reserve powers inherent in organic structures. Compensation in function was of the first importance. What is the vicarious principle in which one organ discharged the function of another was often illustrated in medicine. It was not merely from its scientific interest, but from its practical importance as well, that this was so well worth study. He then pointed out how hospital practice differed from ordinary practice, and yet how both furnished opportunities for giving information on matters sanitary and hygienic, and the value of the doctor as an educational instructor on some very important matters in life. At St. Thomas's Hospital the address was delivered by Dr. A. J. Bernays, the lecturer on Chemistry. He referred to the honor conferred upon Sir William MacCormac, who was knighted for his conduction of the International Medical Congress last July. He discussed the subject of freedom of thought as to the genesis of all things, and quoted John Simon's remark of the late Dean Stanley, that "he was the liberator of the conscience of mankind," the late illustrious and estimable dean having recently distributed the prizes at that hospital

when this was said. He then referred to a suggestion made by him before, viz., that a fifth year of medical study would be of much value to students by extending their experience. A further acquaintance with physiology he deemed most desirable, a conclusion shared by all thoughtful persons interested in matters medical. There was a laboratory at South Kensington where such study could be conveniently carried on by the student while he still continued to walk the hospitals, adding to his practical knowledge, and, it may be added, seeing how increased physiological knowledge can be made available in strengthening the physician's hands in his daily work. For instance, how much light does a knowledge—a real, not a mere verbal, knowledge—of the chemical composition of the bile-acids throw upon the appropriate dietary in many cases of liver derangements, whether primary or secondary to some trouble in the heart or the respiratory organs! He concluded by pointing out the progress of chemistry in recent years, especially constructive chemistry.

At University College the address was given by Dr. Vivian Poore, Professor of Medical Jurisprudence. He objected to the expression "medicine and the allied sciences," stating that medicine was scarcely yet a science. He preferred the expression "the application of various branches of knowledge to the alleviation of human suffering." He said, "It may be compared to one of those figures which we sometimes see in the intricate tracery of a Gothic window or the elaborate pattern of a rich mosaic. In these traceries and mosaics one may discern forms of great beauty and symmetry, which, although they are perfectly defined, seem to have no true outline of their own, but depend for their shape, regularity, and beauty upon the intersections of adjacent figures. A clearly defined and many-pointed star may be the result of the intersections of many equal circles. Remove one of them, or allow the circles to vary in size, and the star will lose much of its symmetry and beauty. So it is with medicine as a science. It has no outline of its own, and its perfection depends upon a due proportion being maintained in the amounts of the various so-called natural sciences which enter into its composition. There are those who hold that the student of medicine has but little need of special training in the natural sciences; but such a position is untenable." He then inveighed against the present outgrowth of medical terms. The dictionary of the New Sydenham Society is expected to embrace three hundred thousand medical and scientific terms. He said, "Words must be as objective as possible; i.e., they should bring the subject with the utmost vividness before the mind's eye." I feel this personally interesting, as recently a reviewer poured a shower of abuse upon me for using the title "heart-

starvation" in a pamphlet, applying the term to conditions of mal-nutrition, especially of the heart and diaphragm, due to imperfect assimilation of albuminoids in the liver. I thought it put "the subject with the utmost vividness before the mind's eye:" he thought differently, and designated the term "sensational," and abused me accordingly. Dr. Poore did not think it desirable to go back to Latin as the language of science, as it was not elastic or expansive enough for present wants. He thought that an international nomenclature for anatomy and histology might advantageously be adopted, as the English terms were often different from those in use on the Continent. He then indulged in a very justifiable sneer at the parrot-like use of long words practised by some persons, as those "who have talked, for example, of 'sclerosis.'" He continues, "Among unworthy motives which have induced us to have long words must be reckoned the desire to appear more learned than we are; and there was a time, perhaps, when there was very little true knowledge behind the verbiage which was the chief stock in trade of the profession. Now, however, times are changed. Pathology, or the study of disease, has become a true science, and we are no longer content merely to translate the symptoms of which the patient complains into Greek or Latin, as the case may be, and call it a diagnosis. We now recognize when a patient comes to us complaining, for example, that he has lost power on one side of his body, that by calling his trouble 'hemiplegia' we make no forward step. It is merely telling him in Greek what he has confided to us in English. It is rather a step back, for it throws what has been called 'the decent obscurity of a dead language' over a matter which is self-evident. Our duty now is to discover the *cause* of his symptoms, to form a *judgment* or *diagnosis* on the disease-process at work, and its exact situation, and to make a *forecast* or *prognosis* as to his chances of recovery, and the best means of bringing it about." After pointing out how a monstrous compound would often sell a quack nostrum, and the comfort the old lady derived from "that blessed word Mesopotamia," he concluded, "The advantage of using plain language is nowhere more manifest than in courts of law, where the life or reputation of a fellow-creature may depend upon the medical witness making himself perfectly understood by the twelve plain men who constitute the jury. Not only the jury but counsel and judge also are probably ignorant of terms which to such witnesses have become a second nature. Reporters for the press are equally ignorant, and, owing to a non-comprehension of the witness's language, his evidence, when it appears in print, will seem to him and his professional brethren a mass of rubbish." This is a charitable conclusion, to say the

least of it; but whether it always contains the whole truth is a matter for some questioning. Dr. Poore certainly drew attention to what is a very important matter.

Mr. George Field, Aural Surgeon, delivered the introductory address at St. Mary's Hospital School, which was very well received. He welcomed the men, pointed to the handsome bequest of twenty-five thousand pounds, which enabled them to build a new wing and raised the number of their beds to two hundred and fifty, so that they were approaching the original design of a hospital containing three hundred and eighty beds. He then referred to the leaders of the medical profession, who, in his opinion, "deserved life-pepages," and said that it was hardly fair that a President of the College of Physicians should receive a title one grade lower than that often bestowed on a respectable contractor or alderman. He believed that to increase social respect the lights of the profession should take higher fees. "If our leaders took five or seven guineas, it would do good in every way. They would not be obliged to work so hard themselves, the juniors would get more practice, the profession would be better thought of, and the public would be better served. What would a junior counsel think of the Attorney-General taking the same fees as himself? Fancy calling a bishop or lord chancellor out of bed at three in the morning; and yet the heads of the profession had to submit to this. If any rich numskull has feasted too liberally, he immediately sends for what he considers the first opinion, naturally thinking he will get the best for his money; but if the fee were one hundred guineas, the heads of our profession would sleep peacefully, their slumbers would not often be disturbed." A much less fee than this would suffice to mark off the seniors of the profession from their juniors, would protect them and remunerate them, and would educate the public to a fitter estimate of the profession than exists at the present time. Further, "there is no body of men who work so hard as the doctors, and often for nothing, being scarcely thanked for what is termed charitable work. Hospital authorities ought to offer their medical officers some remuneration, instead of, as is frequently the case, making the staff pay even to become governors of the institution. Again, the poor-law medical appointments, involving wear and tear of body and mind by night and day, do they not demand, instead of a wretched pittance of ten or twenty pounds a year to gentlemen of culture and position, a requital of fiftyfold as much?" As an illustration of what is here stated, I can say that in my early years of practice in my native village the mole-catcher for the area of which I was the parochial medical officer received five times as much as I did. So much for moles over paupers. And when a rupture came and I threw up the appointment, my profes-

sional neighbors (?) on each side took the appointment between them; and the distance being pleaded as an excuse for their neglecting their duty, I practically had to attend the poor gratuitously, until the scandal became so great that the guardians and myself once more came to terms, I accepting the scanty emolument, on the principle that "half a loaf is better than no bread." No wonder, then, when the guardians of the poor, so called, reduce the emolument until it is impossible to even half do the work for the money, that the less conscientious members of the profession often get the appointments, and balance the account by indifferent attendance on the poor. In country areas, the local doctor must either take the appointment or practically do the work while one or more of his neighbors draw what little salary there is.

Mr. Field then proceeded to point out the unsoundness of the ground of the opponents of vaccination, and the unquestionable benefits derived from the practice, also the objections to the Contagious Diseases Act (Human). It might be argued, if men would sin, they should be punished; but, granting that, how about inherited disease? "Total deafness and loss of sight are far from uncommon from this cause; and Hinton found that one-twentieth of the aural patients at Guy's Hospital suffered from hereditary syphilis. No other cause, except perhaps fever, brings on deafness so rapid and so complete; and knowing all this and having a remedy at hand, are we not to make use of it? If all the idiots, the wretched, puny, diseased mortals, who have to drag out a life of misery from no fault of their own, could rise up in judgment, they would cry shame on these sickly sentimentalists who are working hard for the repeal of the very acts which people of intelligence and information know to be the only way of stamping out this dreadful pestilence." He said, in corroboration of the present existing state of matters, that the cases of disease seen at the Lock Hospital are now mainly of the milder type. Much of the mortality of children under one year is unfortunately from inherited syphilis, despite what has been done. He held that greater acquaintance with the needs and wants and the actual condition of the sick poor by ladies and men attending ambulance classes would be useful in extending to these unfortunates sounder views and better knowledge, so that prejudice could no longer stand betwixt them and what is good for them. He concluded by pointing out how alone a strong sense of duty pervading all his thoughts, words, and works could enable the medical man to ride out in safety the storms of this troublesome world, and to look back with satisfaction to an honorable career in the mitigation of human suffering.

J. MILNER FOTHERGILL.

## PROCEEDINGS OF SOCIETIES.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

A SPECIAL conversational meeting was held at the hall of the College of Physicians, Philadelphia, September 21, 1881, Dr. Charles K. Mills, Vice-President of the Society, in the chair, at which meeting a paper was presented by Dr. R. J. Levis on "The Treatment of Varicocele by Excision of Redundant Scrotum,"\* and several cases were exhibited showing the result of operation. Communications were also received from Drs. J. T. Eskridge,† C. K. Mills, E. T. Bruen, H. Leffmann, and John B. Roberts, which were generally discussed.

#### DISCUSSION UPON VARICOCELE.

Dr. J. M. Barton approved of the method of operation, and reported the following case:

About nine weeks before, he had seen with Dr. S. M. McCollin a patient with double varicocele. The scrotum was pendulous, and measured seven inches from the penis to the most dependent portion. Dr. Henry, of New York, kindly loaned him the instruments, and the operation was performed in the manner described, three and one-half inches of the most dependent portion of the scrotum being removed. The stitches were all removed within a week, and in two weeks the wound was entirely and solidly healed and the patient was attending to his business. The treatment was without pain, contrasting favorably in this respect with the operation by ligation of the veins.

On examining the patient recently, he failed to find any enlargement of the veins upon one side, and regarded it as a complete cure. On the other side, however, enlarged veins could still be felt, and he thinks that even more of the scrotum might have been removed with advantage. This operation was performed without loss of blood. In contrast with it he referred to another patient, in whom retrenchment of the scrotum was performed simply with the bistoury, which was followed by a very profuse and troublesome bleeding, and later by an alarming secondary hemorrhage.

Dr. Ferdinand H. Gross said, "As the subject of varicocele is before the Society, I take the opportunity to mention two cases upon which I operated some time ago at the German Hospital, and in which I made use of the elastic ligature as a means to compress and obliterate the spermatic veins. The result was entirely satisfactory, being a radical cure in both instances. The vas deferens was separated from the spermatic veins, the scrotum punctured with a narrow bistoury, and an eyed probe, armed with the elastic ligature, was passed around the vessels in the usual

\* See p. 69.

† See No. 363, p. 44.



manner. The ligature was drawn with as much force as its substance would bear without risk of breaking, and secured by a triple knot. The latter was then allowed to be drawn into the scrotum, and the end of the ligature to hang loosely from the small external wound, which was covered by an antiseptic dressing. When the radical cure for varicocele is aimed at, I think the elastic ligature possesses several advantages over some of the operations employed to effect the same end. The unremitting quality of the constricting force exerted upon the included vessels, due to the elastic nature of the substance, renders it unnecessary to tighten the ligature from day to day, as is done in some of the other modes of procedure, and all pressure upon the scrotal integument is avoided. But an advantageous point, to which I would refer more particularly, is that the elastic ligature, even with its persistent pressure, does not readily cut its way out by ulceration,—at least it did not in the cases alluded to,—nor is it necessary that it should. When the hardened mass above and below the ligature gives assurance that the vessels have been permanently occluded, the knot can be drawn to the outer wound and cut out. The length of time the ligature was allowed to remain in my cases was twelve days, but I should not again permit it to remain so long. I cut it out when I noticed that it was not likely to work its own way out in a reasonable time by ulceration of the included vessels, and I found, too, that traction upon the ligature from time to time did not appear to facilitate the process, but simply had the effect, for the time being, of opening or rather widening the loop which encircled the vessels, showing these to have formed a firm cord at this point, around which the loop would again close when traction was discontinued. That ulceration does not so readily set up about the constricted vessels when the elastic ligature is employed is another circumstance in favor of its use in varicocele, since the risk of phlebitis, one of the dangers of the operation, is lessened.

Dr. Nancrede inquired if the results are permanent.

Dr. Levis said that his own cases were too recent to decide this question, but Dr. Henry had reported one in which no recurrence had taken place seventeen years after the operation. He had no doubt that if enough tissue were removed the cure would be permanent.

He also stated that a large number of young men—estimated at about one in ten—have varicocele to a greater or less extent. Many of these require no operation, their trouble being principally due to sexual hypochondria. But it must be admitted that varicocele sometimes constitutes a disabling infirmity, and renders a man unfit for military service and many other duties which require the standing position. A conductor on a railroad came to him with a varicocele that produced so much

suffering that he was on the point of giving up his position. As regards the choice of operation, he considered that retrenchment of the scrotum was much to be preferred, on the score of safety of the patient, to ligation of the spermatic veins and pampiniform plexus. Sir James Paget reports a nearly fatal case of pyæmia, and Prof. Gross had a death, following the old operation. The present plan appears to be free from danger to life, and is not likely to cause atrophy or loss of function of the testicle.

#### TWO CASES OF TRAUMATIC NEURITIS.

Dr. Charles K. Mills exhibited two men, and made the following observations:

The first case is a sailor, who, during a storm, about eight months before, had been struck by a wave and had fallen to the deck with considerable force. He was stunned and unconscious, and afterwards was confined to his bunk for some time. In the course of two weeks he got on his feet again, but was unable to use his left arm. At present the left arm generally and the muscles around the shoulder and on the front and back of the left side of the chest are atrophied. The limb is helpless. Upon examining for sensibility, we find extreme hyperæsthesia of the chest, shoulder, and upper arm to within a couple of inches of the elbow, while below this point the arm, forearm, and hand are anæsthetic.

The second case was also traumatic in its origin. The patient, a man aged 36 years, was caught in a machine about seven years ago. He was lifted several feet from the floor, and his left arm was broken in three places. Extreme hyperæsthesia is present in about the same region as in the first case, the forearm and hand being also anæsthetic.

The question of diagnosis is important in neuritis, because upon the prompt application of treatment often depends the prospect of recovery. The diagnosis in the first case rests between a lesion of the brain, or spinal cord, and that of a nerve-trunk,—between a central disorder and a neuritis. The presence of hyperæsthesia and increased local reflex over the affected nerve, and the extreme wasting of the muscles, favor neuritis. The condition is explained by the supposition of the existence of an ascending and descending neuritis originating in the region of the brachial plexus. The anæsthesia below a certain line is due in the early stage to the fact that inflamed nerves are poor conductors of impressions. In advanced stages their conductivity is destroyed, and they atrophy.

It is important to recognize the true nature of these cases early. Topical remedies are particularly useful in the early stages. Local blood-letting by leeches is often very serviceable. Mercurial inunction with blue ointment may be used. A combination frequently used is equal parts of ointments of iodine, belladonna, and mercury. After using

this four weeks, rapid improvement had taken place in one of the cases; but the disease subsequently relapsed. Blisters are also very useful. Mercury and potassium iodide internally can be used. After the acute symptoms have passed, or have been brought under control, the continuous galvanic current is of much value. Hypodermic injections of morphia, or of morphia and atropia, are very efficacious for the relief of the pain.

In reply to a question concerning the temperature of the parts affected, he said that in the beginning the local temperature was slightly increased over the hyperæsthetic region. From the few observations he had made, he declined to make any positive statement concerning local temperature.

#### HEPATIC ABSCESS, DIAGNOSTICATED DURING LIFE.

Dr. E. T. Bruen presented a specimen consisting of the liver from a case of hepatic abscess, with a portion of the colon showing the lesions of chronic dysentery, thickening, and ulceration. The abscess was in the inferior portion, posteriorly, of the right lobe. It was perhaps as large as a small cantaloupe. There was another abscess, evidently secondary, which occupied the anterior portion of the left lobe, and during life had presented externally as a tumor to the right of the epigastrium. During the last months of the patient's life, the tissues between the seventh and ninth rib on the right side were boggy or œdematous; the other abdominal viscera, kidneys, and spleen were normal, the diaphragmatic pleura unaffected, and the lungs healthy. The attention of the Society was first called to the pathology of abscess of the liver. The branches of the portal vein were dissected, and branches were found to be in direct association with the portal vein: the vein seemed to have melted down in the suppurative process. There was no embolus found in the portal veins; but as the original embolus partook of the infecting variety, it probably broke down into pus with the surrounding tissue.

This sort of embolus is in contrast with the less infecting variety, the results of which are mechanical obstruction to an artery, in some cases the plug remaining intact and the adjoining area infarcted with blood, and in others the adjacent tissues being destroyed by a process of gangrene, due to the more absolute arterial obstruction.

In this case the lesions of dysentery left no doubt as to the origin of abscess. The symptoms were next alluded to, and attention directed to the absence of jaundice or deficient activity of digestion in the small intestine. The appetite, on the contrary, was excellent. There was no obstruction of the portal vein, and no dropsy.

The symptoms claiming most interest were then detailed. First, the temperature was always low.

The date of the patient's admission to the Philadelphia Hospital was March 21, 1881. His attack of dysentery occurred in December, 1880. When admitted, diarrhœa was still a symptom.

The temperature ranged as follows:

March 21.—A.M.: Pulse, 88; temperature, 99°. P.M.: Pulse, 100; temperature, 102 $\frac{3}{4}$ °.

March 26.—A.M.: Pulse, 92; temperature, 99°. P.M.: Pulse, 100; temperature, 101 $\frac{3}{4}$ °.

April 1.—A.M.: Pulse, 92; temperature, 99°. P.M.: Pulse, 104; temperature, 101°.

May 1.—A.M.: Pulse, 104; temperature, 98 $\frac{3}{4}$ °. P.M.: Pulse, 116; temperature, 99°.

The thermometrical record, until a few days before death, never presented the hectic fever-wave with variation of several degrees. It was rather a remittent type of temperature record.

Now, the facts in reference to the intestinal symptoms should be collaborated with the temperature record; for it is characteristic of abscess of the liver to give remittent temperature wave, at least in the formative stages. When hectic is seen, the abscess is apt to be large and increasing in size; but when probable intestinal lesions coexist, the enigma of diagnosis is more easily solved. Pain was marked in the last two weeks of this patient's life; but at this time the abscess in the left lobe was pointing, having first caused adhesions between the peritoneum and the abdominal walls. In this case the pain was always referred to the epigastrium. In the last weeks of the case the tissues included between the sixth and tenth ribs in the axillary line became very œdematous and crepitant, just as sometimes occurs in empyema. The diagnosis included differentiation between empyema, remittent fever, and abscess. Remittent fever was readily excluded by the therapeutic test and the season of the year in which the attack occurred. Empyema was excluded because the respiratory murmur extended down to the physiological margin of the liver. Percussion also indicated the presence of the lung over nearly its normal area. Evidently the disease was more serious than a moderate empyema would excite.

In diagnosis it may be well at times to grasp salient features of a case in order to render a sure diagnosis. The only caution that must be observed is in regard to one point,—viz., keep the mind always open to adopt a diagnosis by exclusion, whether this confirms or rejects the "snap" diagnosis.

In favor of hepatic abscess the symptoms seemed cumulative.

A final test was aspiration: this was practised upon the abscess, supposed to be located in the left lobe. The material withdrawn proved to be pus, and a microscopic examination resulted in the discovery of recognizable hepatic cells floating in the pus. The cells were characteristic in shape, although they had undergone some degeneration.

In the *London Lancet* for November, 1877,

Dr. Fenwick has reported cases in which fragments of hepatic substance were found in the fluid withdrawn by aspiration from cases of abscess in the liver. Fenwick attaches prognostic value to the appearance of the pus under the microscope. If the cells are abundant and well defined, the occurrence of rapid breaking down of hepatic tissue is probable. If the liver-cells are absent or disintegrated, the prognosis is more favorable, indicating the resolution of the abscess.

The treatment of this case was directed upon general principles, save that the abscess in the left lobe was laid open by free incision and a drainage-tube was inserted. The same operation would have been practised on the abscess in the right lobe had the patient lived. For several days after the first abscess was opened, the improvement in general health was marked. Unfortunately, three days after the operation, a copious hemorrhage from the bowels occurred, and the system did not rally, the patient dying from syncope.

Dr. J. William White said that the most interesting point in the case had been the finding of hepatic cells in the discharge: if this actually occurred, the case is remarkable as being, so far as he knew, the only one on record in which individual liver-cells were found in the fluid from hepatic abscess. Upon recently looking over the literature of the subject, he had found that there had been no such instance reported. In reference to the case of Fenwick, already mentioned, he had examined the original paper and found that Fenwick had based his diagnosis and prognosis upon the discovery of fragments of liver-tissue, not of separate or isolated liver-cells as stated by the lecturer.

Dr. Bruen replied that the cells he had found were as characteristic as any he had ever seen, and that he had left a specimen with Dr. Formad, without stating what he had found; and the report of Dr. Formad fully confirmed his own observation.

He still regarded Fenwick's paper as corroborating his own views, for he failed to understand how fragments of liver-tissue could be recognized except by the appearance of the cells; and a fluid containing groups of cells would also be very apt to contain separate and single cells.

In reply to a question, he said that the spleen was normal in size, and he had noticed no change in its structure.

Dr. James Tyson said that he would scarcely expect to find liver-cells in the purulent discharge from a hepatic abscess. The abscess being lined with granulation-tissue, the so-called pyogenic membrane, the latter in its development would cause a molecular death of the liver-cells, and not a shedding of the entire cells. On the other hand, it is conceivable that in very rapidly disintegrating disease of the liver, fragments of liver-substance may appear in the discharges, which

fragments are resolvable into liver-cells, still retaining their distinctive appearance.

He had examined pus from a number of cases of supposed abscess of the liver, but in no instance had he ever recognized liver-cells. In like manner it is equally unlikely that cells from cancer of the kidney should be found in the urine, unless fragments of the cancer-substance descend through the ureter into the bladder. Such fragments may be large enough to enable us to recognize the distinctive features of carcinoma. He believed he had, in one instance at least, met structures under these circumstances in which he could recognize kidney-structure.

Dr. F. Woodbury inquired concerning the patient's mental condition. Since certain nervous symptoms, such as vertigo, irritable temper, depression of spirits, and so-called "hysterical" phenomena, have been brought forward very confidently as the results of abscess of the liver, and as furnishing us with evidence sufficiently conclusive to warrant the introduction of an aspirator, he would like to know if this case of demonstrated liver abscess presented these supposed typical symptoms.

Dr. Bruen said that the mental condition was clear and bright up to the last moments. In reply to Dr. Tyson, he could only reaffirm that the cells he had found were very different from pus-cells, and looked very much like liver-cells; but, not being willing to rest the case upon his own authority, he had Dr. Formad examine the specimen, who confirmed the speaker's opinion.

#### NEW TEST FOR ALBUMEN IN THE URINE.

Dr. Henry Leffmann exhibited a new method of testing for albumen by the use of glacial phosphoric acid in fine powder, a few grains of which are to be added to the fluid to be tested.

Dr. Neff inquired whether the reaction of the urine would have any effect upon the test.

Dr. Leffmann said that he did not think it would, because the test is used in sufficient quantity to overcome any alkalinity, and, as it diffuses very slowly, it would show the albumen at once.

#### TREATMENT OF GONORRHOEA.

Dr. John B. Roberts inquired concerning the general experience as regards the treatment of gonorrhœa, especially as to the curability of the disorder within five or six days. He remarked that he was inclined to believe, from his experience, that gonorrhœa was not a specific disease.

Dr. J. Wm. White, being called upon for his experience, said that he would not state that he had never cured a case of gonorrhœa in five or six days, but would say that such instances are rare. Typical cases with well-marked inflammatory tendencies are prob-

ably never cured in that time. As regards specificity, he had come to the conclusion that there is nothing specific about it; urethritis may be excited by any irritant, and varies in character with the nature of the irritant and with the idiosyncrasies of the patient. There is therefore no specific treatment that can be formulated to suit all cases. His general plan is to avoid injections altogether, or to use only hot water during the first few days or until after the *ardor urinae* has subsided under the influence of alkaline and sedative diuretics; then to use a weak astringent solution, such as acetate of lead combined with watery extract of opium, subsequently employing a stronger astringent or often an injection containing an insoluble sediment. If the discharge continue a long time, the introduction of metallic bougies of large calibre is of great service. Very much, however, as regards the time required for cure will depend upon the patient's habits and personal peculiarities. If he has previously had an attack of long duration, it is probable that future ones will also be protracted.

Dr. Trautman inquired whether a gonorrhoea would "run itself" out if left untreated.

Dr. W. R. D. Blackwood said that he was perfectly satisfied that the pus secreted from the urethra in gonorrhoea, though not specific in the sense that syphilitic virus is (as protective against a second infection), is very different from ordinary pus; for instance, in its effects upon chronic conjunctivitis and pannus, in which it has been used by ophthalmologists for inoculation. As regards treatment, he had never seen a case cured in six days, but he has cured them in ten or twelve days. In the acute stage he gives a saline purge, and aconite or veratrum viride, and in a few days uses a simple injection of camphor water. He had also used later a solution of sulpho-carbolate of zinc, and had never known anything to give such good results (three grains to the ounce). In chronic gonorrhoea the introduction of large-sized instruments is of signal service. It is a good plan to instruct the patient when urinating to compress the meatus, so as to make the urine distend the urethra forcibly. Gonorrhoea is not strictly specific, for it can be contracted in a number of ways,—from a leucorrhoea, for instance.

Dr. Walker had seen good results from injections containing subnitrate of bismuth.

Dr. White said that the bismuth injections sometimes prove irritating and cause pain: he therefore never gives them until the later stages. In reply to the question, he said that gonorrhoea might in the course of time run itself out and undergo resolution like any other acute inflammation, but the patient would be more likely to suffer from its complications and sequelae than if properly treated. In order to illustrate the fact that it is necessary to adapt the injection selected to the

character and stage of the particular case under treatment, and that it is irrational to expect uniform results from any one special formula, he mentioned that he had used the sulpho-carbolate of zinc very freely, and after a fair trial had abandoned it as having, in his hands, proved unsuccessful and in some cases hurtful.

Dr. H. Leffmann said that the subnitrate of bismuth, being crystalline, may prove irritating, but the subcarbonate is free from this objection.

Dr. Walker had never found it to give rise to pain or irritation.

Dr. O'Hara uses the subcarbonate in preference.

Dr. White said that he never ordered the subnitrate without cautioning the patient that if it gave pain it should be at once stopped, and particularly was careful to instruct him not to use it just before going to bed, as it was apt to give rise to chordee during the night. In reply to a question from Dr. Eskridge, he said that he had never used local blood-letting except in complications, such as prostatitis, etc.: in such cases leeches to the perineum are of great service.

Dr. Chas. H. Thomas believed that strong injections in the early stage of gonorrhoea tended to aggravate the inflammation and render it chronic. In his experience with stricture of the male urethra he had found a large proportion of its subjects to complain of the painful effects of the injections originally employed. These should never be strong enough to produce more than a momentary smarting. The prevalence of stricture is probably largely due to over-treatment. His usual practice in acute gonorrhoea is to order injections of hot water, and where the *ardor urinae* is very marked he has used injections of Carron oil (*Lin. calcis*) with great relief. Subsequently he orders sulphate of zinc—but never stronger than two-grain solutions—or dilute lead-water with acetate of morphia frequently repeated. Chronic gonorrhoea is usually an indication of stricture,—it may be of large calibre,—so large, indeed, as to cause no perceptible impediment to the passage of urine. In all such cases exploration with the *bougie-à-boule* ought to be promptly made; and when localized narrowing of the urethral tube is found, treatment by the steel bougie should follow, even though the inflammation still be high. He had found this method as efficacious in chronic gonorrhoea as it is well known to be in gleet.

Dr. W. H. Parish spoke of neglected gonorrhoea in the female as being perhaps even more serious than in the male, on account of its producing inflammation of the endometrium or of even deeper-seated structures, as of the Fallopian tube, etc. Such inflammation is apt to become chronic, and to be productive of sterility often of an irremediable nature.

In the acute disease he used, *inter alia*,



lime-water and olive oil in equal parts with satisfactory results. He learned such use of this remedy from Prof. E. Wallace, as also that of cider vinegar, one to three ounces to a quart of water, in the subacute or chronic stage.

Dr. Woodbury, referring to Dr. Roberts's questions, said that he believed the key-note to successful treatment would not be struck until the importance of recognizing the effects both of gonorrhœa and of remedies upon the *temperament of the patient* is fully appreciated by the surgeon. He had been struck by the amenability to treatment of the disease when occurring among hospital patients, and men generally in the lower walks of life, as contrasted with its obstinacy in private patients. He had been impressed by the fact that a very different mode of treatment is required in a patient of sanguine temperament, nervous, excitable, and quick-witted, from that to be employed in the so-called lymphatic or bilious temperament, where all the nervous phenomena are more sluggish. In the first class of cases, he thought that the most satisfactory results can be obtained by rest; he would prefer to keep such a patient in bed for the first week, and to use cardiac sedatives, such as aconite, and saline purgatives, until the acute stage is reduced, then using very weak injections frequently repeated. In the other class, on the contrary, he would not hesitate to use astringent injections as strong as could be borne, of sulphate of zinc and acetate of lead. In a case recently, that of a coachman seen on the fourth day, such an injection had stopped the discharge entirely in three days. He was aware that objections had been made to strong injections early in the case, on the ground that they increased the inflammation and caused stricture, yet he was strongly of the opinion that a long-continued clap would be more likely to cause cicatricial deposit and contraction than a metallic astringent, even if the astringent did cause some irritation. He would prefer to substitute, in selected cases, a simple inflammation by a metallic astringent for that caused by a virulent animal discharge, although non-specific, as he believed gonorrhœa to be. At all events, he was certain that a gonorrhœa in proper subjects can be cured more quickly by attending to the points enumerated, than where a routine treatment is followed.

Dr. H. St. Clair Ash said that he had returned to the use of copaiba, after dropping it for a time, and had found it reliable: he recommended weak injections.

Dr. White said that he had not mentioned the use of copaiba and cubebs, although he usually resorts to them in the later stages, because he had not the time to systematically discuss the entire treatment, and believed that all were familiar with their employment.

Dr. Roberts said that he had been interested, edified, and encouraged. He had

asked the questions because he constantly heard of patients cured in three or four days; but he now learned that his success had not been far below that of the other members of the Society.

## REVIEWS AND BOOK NOTICES.

TRANSACTIONS OF THE AMERICAN GYNÆCOLOGICAL SOCIETY. Vol. V., Year 1880. Boston, Houghton, Mifflin & Co., 1881.

With all the freshness and interest of an expected serial the yearly Gynæcological Society's Transactions come to us for 1880, filled, as usual, with well-written papers from well-known men, whose writing is done to some purpose and who enlighten every topic they dwell upon. The rarest paper in the volume is undoubtedly Dr. Engelmann's exhaustive study of "posture in labor," a paper covering over one hundred pages and illustrated with over forty wood-cuts. A careful perusal of it will, we trust, lead every one to modify somewhat pre-existing opinions as to what is the canon law of the lying-in-room, and perhaps hereafter in difficult or rather in prolonged labors a remembrance of this paper may lead the accoucheur to abandon the old fashions, and go back to those still older, with relief to himself and still more to his patient. Not that we would for a moment urge a return, as a rule, to any of the peculiar customs figured by Dr. Engelmann, or that we are at all desirous of seeing those in our charge clinging to parturient poles, like a Blackfoot squaw, or swinging by hooks and ropes, or occupying preposterous chairs, like photographers' victims, or even swinging gracefully in the obstetric hammock of the Orinoco Indian. We confess that the methods of modern civilization, the posture in bed,—on the side or back,—gains by contrast with even the ancient Persian method of sitting astride of chimneys, and is infinitely more æsthetic than mediæval midwifery, with its machinery, immodesty, and its ruthless subjection of the innocent husband to at least half the pains and more than half the indignities of childbirth. Woman may have been steadily rising to power and influence, but thank heaven that in at least one direction she has ceased to assert her power! Rather let the human race perish than return to such customs of the brave old days.

But Dr. Engelmann's paper is only one among many.

Dr. Battey's "What is the Proper Field for Battey's Operation?" is a curiosity of conservatism in regard to the operation which bears his name.

Dr. A. Reese Jackson's paper on "Uterine Massage," while it elicited but slight discussion, has already, we fancy, been passed upon by most minds in the profession. To

us it seems, as a method of relieving enlargement of the womb, both unphilosophical and objectionable in the extreme.

Dr. H. P. C. Wilson contributes a valuable paper on "Ovariectomy during Pregnancy."

Dr. James R. Chadwick writes upon "Hot Rectal Douche," and gives a number of interesting cases of uterine and associated rectal disease relieved by this method, and urges its use as a means of relief in back-ache, painful defecation, rectal pain, burning in abdomen, and pelvic effusion.

A very practical paper, by Dr. Henry F. Campbell, is on the "Prophylactic and Therapeutic Value of Quinine in Gynecologic and Obstetric Practice," and will tend much towards settling the doubts of the practitioner about the use of that invaluable drug.

The last paper in this section of the volume is by Dr. W. L. Richardson, on manual dilatation of the os uteri as a means of inducing premature labor.

Papers presented by the candidates elected to fellowship of the Society at its fifth annual meeting are represented at the close of the volume by Dr. C. D. Palmer's article on laparotomy and laparo-hysterotomy, their indications and statistics, and on fibroid tumors of the uterus.

The present volume will meet the same deserved welcome as its predecessors, and the series is already forming an encyclopædia of obstetric and gynecologic information which renders its possession almost indispensable to the practitioner.

E. W. W.

TEXT-BOOK OF MODERN MIDWIFERY. By RODNEY GLESEN, M.D. Philadelphia, Presley Blakiston, 1881.

Already the studious obstetrician is almost buried beneath the mass of manuals and text-books great and small, yet it seems from the author's preface that the great American Midwifery, like the great American novel, has hitherto been conspicuous by reason of its non-existence. For many years we have depended on the works of Hodge, Meigs, and Dewees, the more recent editions of which works have failed to embody the latest discoveries in this rapidly-growing branch of medical science. Rather than depend upon the works of foreign writers, numbers of students are heroically going without manuals and waiting eagerly for the great American Midwifery.

What a pity it is that there should be any prejudice against taking some standard work entire and reprinting it, with the name of each ambitious aspirant, in turn, as author!—for the new text-books differ so little from each other that half a dozen original ideas is a large number to allot to each. Yet they are all good. Dr. Glesan's work is good,—a little too colloquial, a little undignified in language here and there, but reliable, complete, conservative; and, whatever its fate may

be in the East, we are sure that those who in the far West make it their text-book will be trusting to no false or uncertain guide.

E. W. W.

## GLEANINGS FROM EXCHANGES.

### ORIGIN AND CURE OF SCROFULOUS NECK.

—At the recent International Medical Congress (*British Medical Journal*, vol. ii., 1881, p. 359) Dr. Clifford Allbutt read a paper on this subject, the purpose of which was to insist on the local causation and local development of many cases of scrofulous neck. Irritation of neighboring mucous membranes is the most common antecedent. The glandular engorgements are thus bubonic, and by caseous degeneration become themselves the foci of further like mischief.

A rapid and complete cure must generally be sought by surgical means. Free enucleation and excision of caseous deposits is essential. The softening mass under the jaw is usually a subcutaneous abscess, with more or less thickened walls, which depends upon infection from the deeper-lying caseous glands. With these it communicates by sinuous channels often very obscure. Upon the laying open of these channels and the clearing out of the inner foci, cure and future safety depend. In the discussion which followed, Mr. F. Treves recommended the thermocautery for the destruction of the diseased gland-tissue.

ALKALINE WATER AS A VEHICLE FOR THE ADMINISTRATION OF THE IODIDE AND BROMIDE OF POTASSIUM, ETC.—Dr. E. C. Seguin (*Archives of Medicine*, August, 1881) says that the dread of gastric derangement frequently prevents the free use of remedies which are of constant use and of unsurpassed efficacy,—viz., the iodide of potassium and various bromides, particularly those of potassium and sodium. While admitting that the salts in question may and do cause gastro-intestinal disorder, Dr. Seguin has very rarely observed this in his practice during the past three years. His plan of administration includes three almost equally important conditions: 1, the use of a simple aqueous solution of the salt; 2, its ingestion upon an empty stomach (fifteen to thirty minutes before food); 3, its very free dilution with an alkaline solution.

Dr. Seguin does not believe in the useless attempt to cover up or neutralize the taste of these drugs by infusions, syrups, etc. He uses a solution of iodide of potassium made by dissolving equal parts by weight of the salt and of water. There is a loss of bulk of about one-fifth in mixing the salt and water; in other words, one drop of this solution contains about four-fifths of a grain. A patient who takes one hundred drops of this solution takes only eighty grains of the salt, and not one hundred. Dr. Seguin directs his patients

to measure out their dose of iodide (or bromide) into a glass and add a liberal quantity of Vichy water (from one-half to a whole glassful). When the patient lives in a large town, the siphons of Vichy water so widely sold may be used. For patients living where the siphons of Vichy cannot be procured, or for persons who travel much, he directs the purchase of effervescent Vichy salts. A teaspoonful of salts in a glassful of cold water makes a sparkling glass of Vichy water, in which the medicine can be mixed.

Dr. Seguin, it should be said, prescribes his bromides according to a typical formula for convenience' sake. This is as follows:

R Potassii bromidi, ʒjss;  
Aque, fʒvij. M.

A teaspoonful contains fifteen grains of the salt.

Another formula which he often employs is:

R Ammonii bromidi, ʒss;  
Potassii bromidi, ʒj;  
Aque, fʒvij. M.

Of this solution also a teaspoonful contains fifteen grains of the salts.

The advantage of prescribing the iodides and bromides in weak alkaline waters is not only that the danger of arousing gastro-intestinal irritation is reduced to a minimum, but the taste of the salts is considerably masked. Dr. Seguin can give in this way one hundred or more grains of the bromides daily, and the iodide up to an ounce daily, without gastric trouble ensuing. He also recommends this method of administering salicylate of sodium.

**CARBOLIC POWDER.**—A dry powder containing a definite quantity of carbolic acid, in which form the latter is most easily used as an antiseptic, is prepared, according to Bruns, as follows:

Sixty parts of rosin and 15 parts of stearin are melted together with a gentle heat, and when the mass has somewhat cooled, but is still liquid, 25 parts of carbolic acid are added. The mixture is then mixed with 700 to 800 parts of precipitated carbonate of calcium, and by careful trituration reduced to a uniform powder. The powder is applied by means of a sprinkling-box, which may be securely covered after use.

The powder may be applied either directly to wounds and sores, so as to produce an antiseptic scab, or it may be used for the extempore preparation of carbolized jute dressing by placing several layers of jute, each separately dusted over with the powder, upon each other.—*Berl. Klin. Woch.*; *New Remedies*.

**NERVE-STRETCHING IN TORTICOLLIS, ETC.**  
—Dr. F. A. Southam gives the following cases (*Lancet*, vol. ii., 1881, p. 369). The first was that of a woman of 53, who had suffered for twenty-three years with clonic spasm of the left sterno-mastoid and muscles of the left arm. No cause could be assigned for its onset, and the patient had in other respects always enjoyed good health. The deeper

muscles of the neck were also affected, the muscular spasm being incessant and the patient unable to keep her head or arm quiet for a single moment. She could not straighten her head.

Dr. Southam exposed the spinal accessory nerve in the posterior triangle of the neck and stretched it. Entire relief followed at first; but, as a final result, the patient could turn her head to the other side, but the spasm continued. Later another operation was performed and a portion of the nerve excised. The part which had been stretched was found to be atrophied; but the second operation had no effect on the patient's condition.

The second case was that of a boy of 14, suffering from clonic spasm of the right sterno-mastoid muscle. The symptoms differed in this case from those observed in the first, the spasm not being constantly present, but coming on in paroxysms, separated by very brief intervals of complete rest. In addition to the right sterno-mastoid, the deep muscles of the neck, back, and also those of both arms were affected with clonic spasm; locomotion was also somewhat impaired. Emotional disturbance increased the spasm.

The spinal accessory nerve was exposed and stretched, the operation being followed, as in the first case, by great relief, the torticollis only coming on at great intervals, especially when under the influence of mental excitement. This remission in all the symptoms continued about six weeks, when a relapse set in, so that, with the exception of freer movement of the head, almost all the old symptoms came back. Later, however, very decided improvement again took place, the spasm coming on at rare intervals.

In the third case—one of clonic spasm of the muscles of the left side of the face, in a woman of 59—the facial nerve was stretched. Paralysis at first ensued, but this had begun to disappear five weeks after the operation, and the spasm was entirely relieved. The duration of this last case had been two years.

## MISCELLANY.

**EXPERIMENTS** made by Mr. Ryder on behalf of the United States Fish Commission, on the retardation of the hatching of shad's eggs, have reached results interesting from a physiological as well as a practical point of view. It has been found that when the eggs are placed upon wet canton-flannel trays in a refrigerator, and the temperature maintained at 54° F., instead of their hatching out in three or four days, about fifteen days are required. If the temperature is lowered to 45° F., the young embryos perish in twenty-four hours; at or about 50° F. they continue to grow, but become deformed, the notochord developing in segment-like masses, and finally the young fish being twisted all out of shape.

COMPARATIVE PROPORTION OF PHYSICIANS TO INHABITANTS IN DIFFERENT COUNTRIES.—The latest calculations give the following proportion of physicians to each ten thousand inhabitants in various countries:

France . . . . .	2.91
Germany . . . . .	3.21
England . . . . .	6.06
Austria . . . . .	6.10
Italy . . . . .	6.10
Switzerland . . . . .	7.06
United States . . . . .	16.24

SIGNS OF INHERITED SYPHILIS.—As confirmatory signs Dr. Parrot relies upon cranio-tabes in all its forms, rickety bends of the long bones, splenic enlargement, and scars upon the buttocks and coccyx; while, says the *Medical Times and Gazette*, he does not appear to give any prominence to lesions of the eye and ear.

DR. THEOPHILUS PARVIN, of Indianapolis, has been elected to the chair of Obstetrics and Gynecology in Louisville University. A better choice could not have been made, and we most heartily congratulate both college and professor.

## NOTES AND QUERIES.

WE are glad to be able to announce that a post-graduate course has been organized at the University of Pennsylvania for bedside and dispensary instruction. Two courses will be given annually. The first course will begin October 31, 1881; the second course will begin March, 1882. A certificate will be given to each person taking the course, which is to comprise instruction on the following branches by the gentlemen whose names are appended: Physical Diagnosis and Clinical Medicine, Prof. Pepper and Dr. Bruen; Nervous Diseases and Electro-Therapeutics, Prof. H. C. Wood; Dermatology, Prof. L. A. Duhring; Otolaryngology, Prof. Geo. Strawbridge; Ophthalmology, Dr. S. D. Risley; Gynecology, Dr. B. F. Baer; Laryngoscopy, Dr. C. Seiler.

## OBITUARY.

DR. JOHN CONRAD, late apothecary to the Pennsylvania Hospital, who died on the 15th of last month, in the seventy-second year of his age, was in some respects a remarkable man. He held the office of apothecary to that institution for thirty-nine years, and during all that time his kindly face was so familiar to the *habitues* of the old hospital as to seem an essential part of it. In addition to his thorough knowledge of all that pertains to the art and science of the apothecary, Dr. Conrad was an accomplished botanist; and the beautiful and well-kept gardens and conservatories of the Hospital testified continually to the loving care constantly bestowed upon them. He was also a meteorologist in a certain way, and during his long period of service never failed in the due observation and record of the temperature, barometric pressure, and rainfall at stated times of the day. From his records were compiled those tables of comparative heat and cold published from time to time in the daily papers of Philadelphia before the advent of "Old Probabilities," and which used to be cut out and carefully preserved by old-fashioned people who desired to be weather-wise.

Dr. Conrad was an important integer in the "family" of the Hospital, of which himself, the steward, and the matron formed the permanent portion, while the successive resident physicians composed the temporary element, changing every few months, and composed of young men, sometimes of agreeable character, occasionally perverse and difficult to get along with. But with all Dr. Conrad was a favorite, and many are the pleasant reminiscences connected with his name in the minds of old Pennsylvania Hospital "residents." On his retirement, some ten years ago, the medical men who during his long service in the Hospital had met him and known him subscribed a handsome purse as a testimonial of their regard, and the managers of the Hospital offered him the hospitality of the institution, a certain room being set apart for him whenever he should choose to occupy it.

For some time after his retirement from duty at the Hospital, Dr. Conrad used not infrequently to visit the scene of his former labors; and his kindly face, as he enjoyed his pipe and paper in the evening, or a quiet game of whist with the steward and resident physicians on duty, is well remembered by those who were privileged to be connected with the Hospital during his time. The writer of this brief notice knew Dr. Conrad only as the other young men who were resident physicians during his term of service, but he desires to place upon record what must be in the minds of many of his contemporaries,—the appreciation of Dr. Conrad's cultivated and active intelligence, his faithful performance of duty during long years of service, and his pleasant, old-fashioned courtesy, his humor and goodness of heart.

## OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY FROM OCTOBER 16 TO OCTOBER 29, 1881.

BYRNE, C. C., MAJOR AND SURGEON.—Paragraph 2, F. O. 26, c. s., from these Headquarters, relieving him from duty in this Department and directing him to proceed to his proper station, Benicia Barracks, Cal., is confirmed. S. O. 119, Department of Arizona, October 17, 1881.

HARTSUFF, A., MAJOR AND SURGEON.—Granted leave of absence for one month, with permission to apply for an extension of nine months, and authority to visit Europe. S. O. 214, Department of the Missouri, October 20, 1881.

GARDNER, W. H., CAPTAIN AND ASSISTANT-SURGEON.—The leave of absence on surgeon's certificate of disability granted him in S. O. 138, June 18, 1881, from A. G. O., extended three months on surgeon's certificate of disability. S. O. 239, A. G. O., October 31, 1881.

TREMAINE, W. S., CAPTAIN AND ASSISTANT-SURGEON.—The extension of his leave of absence on surgeon's certificate of disability granted him in S. O. 112, May 16, 1881, from A. G. O., still further extended three months on surgeon's certificate of disability. S. O. 238, A. G. O., October 20, 1881.

DICKSON, J. M., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for four months. S. O. 232, A. G. O., October 13, 1881.

CARVALLO, C., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for one month on surgeon's certificate of disability, with permission to go beyond the limits of the Department and to apply for five months' extension. S. O. 108, Department of the Platte, October 24, 1881.

PAULDING, H. O., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in the Department of the East, and to report in person to the Commanding General, Department of the Platte, for assignment to duty. S. O. 240, A. G. O., October 24, 1881.

ADAIR, G. W., CAPTAIN AND ASSISTANT-SURGEON.—Upon relinquishing unexpired portion of his present leave of absence, relieved from duty in Department of the East, and to report in person to Commanding General, Department of Dakota, for assignment to duty. S. O. 230, A. G. O., October 11, 1881.

BROWN, P. R., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the East, and to report in person to the Commanding General, Department of Texas, for assignment to duty. S. O. 240, c. s., A. G. O.

KILBOURNE, H. S., CAPTAIN AND ASSISTANT-SURGEON, FORT PORTER, N. Y.—Granted leave of absence for one month, with permission to apply for two months' extension. S. O. 182, Department of the East, October 11, 1881.

GARDNER, E. F., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for four months, with permission to apply for an extension of two months. S. O. 238, c. s., A. G. O.

CORBUSIER, W. H., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in the Department of the Platte, to proceed to New York City, and, on arrival, report by letter to the Surgeon-General. S. O. 240, c. s., A. G. O.

DAVIS, W. B., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of Dakota, to proceed to Richmond, Va., and, on arrival, report by letter to the Surgeon-General. S. O. 240, c. s., A. G. O.